

[Report of the Medical Officer of Health for Hammersmith Borough].

Contributors

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LONDON BOROUGH OF HAMMERSMITH



**ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
DIRECTOR OF SOCIAL SERVICES
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
(INNER LONDON EDUCATION AUTHORITY)
FOR THE YEAR
1966**

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LONDON BOROUGH OF HAMMERSMITH



The Minister of Health – the Right Honourable Kenneth Robinson, M.P. –
opening the "Design for Living" Exhibition on
February 22nd, 1966.

(Photograph by courtesy of J. Tyson)

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LONDON BOROUGH OF HAMMERSMITH
Health Committee, December, 1966

Ex-Officio: The Worshipful the Mayor,
Councillor L.W.M. Freeman, J.P.

CHAIRMAN:
Alderman Mrs. E. Finn, M.B.E.

VICE-CHAIRMAN:
Councillor S.A. Matthews

Alderman J.F. Heaks

COUNCILLORS:

Miss B. Boothroyd
J.M. Browning
J.C.D. Bull
Miss P.M. Cooper
Mrs. E.D. Freeman
Mrs. V.N. Godden
L.W. Heading

Mrs. D.M. Heaks
L.S.A. Jones, A.R.Ae.S., F.B.I.S.
Mrs. E. Sears
G.E.C. Simpson
J.A. Tagg
C. Van Gelderen
S.E. Ward

LONDON BOROUGH OF HAMMERSMITH
Welfare Committee, December, 1966

Ex-Officio: The Worshipful the Mayor
Councillor L.W.M. Freeman, J.P.

CHAIRMAN:
Councillor Mrs. C.J. Liardet

VICE-CHAIRMAN:
Councillor J.H. Clark

COUNCILLORS:

J.C. Beckett
A. Belsham, F.Inst.D.
R. Beresford
Mrs. G.I. Dimmick, J.P., B.Sc., A.R.I.C.
H.D. Duff
Mrs. V.N. Godden
Mrs. M. Havelka

Mrs. D.M. Heaks
Mrs. B. Little
S.A. Matthews
D.A.S. Noel
Mrs. E. Sears
L.W. Stanley
C. Van Gelderen

LONDON BOROUGH OF HAMMERSMITH
Children's Committee, December, 1966

Ex-Officio: The Worshipful the Mayor,
Councillor L.W.M. Freeman, J.P.

CHAIRMAN:

Councillor D.R.P. Murray, M.A., Ph.D.

VICE-CHAIRMAN:

Councillor T.M. Cox

COUNCILLORS:

J.C. Beckett

A. Belsham, F.Inst.D.

J.H. Clark

Miss P.M. Cooper

Mrs. E.D. Freeman

Mrs. V.N. Godden

Mrs. M. Havelka

Mrs. R.J. Hounscome

M. House

L.S.A. Jones, A.R.Ae.S., F.B.I.S.

I.M. Jordan

D.T. King, B.Sc. (Econ.)

J.A. Tagg

S.E. Ward

The Mayor, Aldermen and Councillors of the
London Borough of Hammersmith.

May, 1968.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health and Director of Social Services of the London Borough of Hammersmith for the year 1966.

Introduction

This report has been compiled in accordance with the requirements of Ministry of Health Circular No. 1/67. and refers to the year 1966. With the agreement of the Inner London Education Authority a report on the School Health Service in the Borough during 1966, which has been submitted to the Education Authority by your Medical Officer of Health in his capacity of Principal School Medical Officer is included in this Annual Report. Similarly, since your Medical Officer of Health in his capacity as Medical Officer of Health and Director of Social Services has responsibilities in regard to the Welfare and Children's Services, reports on these services are also set out. Certain of the Council's services have particular significance for the Social Services and reports on the Public Cleansing Service, the Housing Service, the Baths and Laundry Service, the Parks and Cemeteries Service, as well as the Library Service, are therefore also included.

Vital Statistics

Although there were the minor fluctuations which were to be expected, the vital statistics of the Borough presented no special feature during the year. The gradual decline in the Registrar-General's estimate of the resident population of the Borough continued and was of the order of some 1,500 persons.

Although there was, of course, an excess of births over deaths, the adjusted birth rate followed the national trend and fell from 18.1 per 1,000 of the population in 1965 to 17.1 in 1966, some two hundred and seventy-eight fewer children being born. A trend of this sort has significance when such matters of provision of maternity services and family planning are being considered. Some 15.6 per cent of the total births were illegitimate. The infant mortality rate was slightly higher than the national figure, and whereas the stillbirth rate of 14.2 per 1,000 total live and stillbirths was lower than the national figure of 15.4, the opposite was the case in regard to neo-natal, particularly early neo-natal, mortality. The adjusted death rate per 1,000 of the population was 12.6 as compared with 12.1 last year and 11.7 for England and Wales. The number of deaths from cancer of the lung and bronchus rose from 177 in 1965 to 203 in 1966 indicating that Hammersmith is sharing in the national upward trend of deaths from this condition. It is indeed a tragedy that, at a time when the Council's activities in smoke control are having a beneficial effect on the air in Hammersmith, figures of this order should result from the adverse atmosphere which so many people create in their lungs by smoking cigarettes.

Dr. Stradling in the Annual Report of the Hammersmith Chest Clinic draws attention to the fact that during 1966 the number of new patients suffering from lung cancer exceeded for the first time those suffering from tuberculosis.

Community Health Information System

The rapid development which is taking place in the local authorities' Health, Welfare and Children's Services makes the collection, storage, retrieval and transfer to interested persons of vital information difficult, even within a well-integrated local authority. Even more so is this the case in regard to the other two branches of the Health Service and one must agree with Dr. H. Price of the Fulham Chest Clinic as to the urgent necessity for a comprehensive community health information system.

Infectious Disease

Although there was a decrease in the number of notifications of cases of infectious disease which were received, nevertheless the reference which is made in the Annual Report to the incidence of alimentary and other infections underlines the constant vigilance which is essential. Recent incidents of serious infectious disease emphasise this point. Immunisation states in relation to diphtheria, poliomyelitis, whooping cough and tetanus must be maintained, and the vaccination of all children during the second year of life against smallpox, and of susceptible children at age 10 to 13 years against tuberculosis, continues to be necessary. Dysentery and food poisoning can only be controlled by meticulous attention to personal hygiene and to food hygiene.

Environmental Health

The outstanding achievement of the Environmental Health Service was to render it possible for the Council to make the last Smoke Control Order during the first month of the year under review. The Order is now in being and Hammersmith is the first London Borough to complete the Smoke Control programme, with a resultant reduction of smoke in the atmosphere of the order of fifty per cent, with all the benefit to the health of the residents of the Borough which this must surely bring. Equally important work was undertaken in relation to housing which is such a fundamental element in relation to physical, mental, and social health. Accident prevention is by no means the sole concern, of the Health Education or Personal Health Services, as can be seen by the steps taken in regard thereto in houses in multi-occupation, in offices, shops and railway premises and under legislation directed to oil heaters and non-inflammable garments. Food premises continue to receive a great deal of attention. It is of interest to note the natural fluoride content of the water supplied to Hammersmith residents. The tremendous help received from the Public Analyst in food and drugs administration is apparent from Mr. McLachlan's report.

The increase in the demand for health laundry facilities which was reported in 1965 was maintained and indeed increased by 15 per cent. This is a valuable domiciliary service. The increase in the calls made on the Medicinal Baths and Disinfestation Services was less satisfactory.

Personal Health Services

The day care of children becomes an increasingly important problem and a great deal of attention was given to it by officers of the Personal Health Services. Apart from the supervision of children under the Nursery and Child Minders' Regulation Act, 1948, and the Borough Child Minders' Scheme, advice was given in relation to the establishment of play groups, and a third creche was established. The completion of comprehensive structural alterations at one day nursery, and the opening of a very well-planned and attractive purpose-built day nursery, greatly improved day nursery provision in the Borough.

Other features of the work of this Service were improved liaison with the general practitioners in the Borough on the one hand, and with the hospital service on the other. Screening tests become increasingly available and a cervical cytology clinic was established during the year.

Mental Health

The various activities of the Mental Health Service of the Authority which are described in this report give a picture of the ever increasing community care, which was visualised by the Mental Health Act, 1959. The two training centres continued to do valuable work and once again this Authority accepted responsibility for arranging the annual holiday to Dymchurch of trainees from the Inner London area. Sincere thanks are due to Mr. Potter and Mrs. Lee and the members of training centre staffs who made this holiday possible and contributed so much to its success.

The establishment of a day centre and a second social club were welcome developments in Hammersmith.

Health Education

Health Education continues to be regarded as one of the most important functions of the Health Service in Hammersmith. It has two main aspects. On the one hand it is the continuous process which is carried on each day by all the staff of the Health Service in their various capacities and is conducted in the home, at clinics, and at the place of work. The other aspect of health education, namely, the provision of a "Design for Living" exhibition and the mounting of special campaigns in relation to such important matters as mental health and venereal disease, received a tremendous fillip when the Minister of Health, the Right Honourable Kenneth Robinson, M.P., visited Hammersmith to open the exhibition.

Welfare Services

The highlight of the year in so far as the Welfare Services are concerned was the opening by Dame Florence E. Cayford, D.B.E., of Southway Close, an excellent purpose-built home situated in the Borough. The Welfare Service was also active in relation to assisting homeless families to resume their place in the community. The Council's meals service continued to expand, both in the domiciliary field and at luncheon clubs and formed an important preventive service both in regard to nutrition as well as on social grounds.

Conclusion

The deep interest shown in the Health, Welfare and Children's Services by the Chairmen and Members of the appropriate Committees, and indeed by the Members of the Council generally, has been a source of great encouragement to the staff of the Social Services, for which I am most grateful.

I should like to thank the Town Clerk, Borough Treasurer, Borough Engineer and Surveyor, Borough Architect and Planning Officer, and the staffs of the services for which they are responsible for their help throughout the year.

It is a pleasure to acknowledge my debt to Dr. A.B. Stewart, the Medical Adviser to the Greater London Council and the Inner London Education Authority and his staff for a great deal of help and advice, as well as to the Public Analyst for his report and advice throughout the year. I am also grateful to the officers who so kindly supplied reports on related services.

A closer liaison was built up during the year with general practitioners and hospital staffs in the Borough and I am grateful for their co-operation. Particular thanks are due to the Director and technical staff of the Public Health Laboratory Service at County Hall for their valuable assistance.

Finally my very sincere thanks are due to all the staff in the Health, Welfare and Children's Services for their enthusiastic contributions in their various capacities to the work of the three Services. May I pay particular tribute to the Welfare Officer and the Children's Officer for their co-operation, as well as to all the Senior Officers in the Social Services.

I have the honour to be,
Mr. Mayor, Ladies and Gentlemen,
Your obedient Servant,

A.D.C.S. Cameron,
Medical Officer of Health
and Director of Social Services.

STAFF OF HEALTH SERVICES, DECEMBER 1966

Medical Officer of Health and Director of Social Services:
Dr. A.D.C.S. Cameron

Deputy Medical Officer
of Health:
Dr. Margaret Cran

Senior Medical
Officer:
Dr. Isabella Hood

Senior Medical
Officer:
Vacant

Assistant Medical Officers:
Full-Time - 6 Part-Time - 36

Administrative Officer:
S.G. Bennett

Public Analyst:
T. McLachlan, D.C.M.

Asst. Administrative Officer:
R.E. White

Chief Admin. Assistant:
J. Burton, D.F.M.

Chief Admin. Assistant:
G.W. Nickolls

Chief Admin. Assistant
G.C. Smith

Snr. Admin. Assistants:
R. Davis
Miss M. Steerwood

Snr. Admin. Assistant:
J.W. Chance

Snr. Admin. Assistant:
B.C. Bolton

Administrative and Clerical:
Full-Time - 83 Part-Time - 5

Chief Public Health Inspector:
G.W. Herrick, M.B.E.

Deputy Chief Public Health Inspector:
J.G. Tompkins

Senior Public Health, Public Health & Student Inspectors:
Full-Time - 29

Chief Dental Officer:
Vacant

Dental Officers:
Full-Time - 2 Part-Time - 5

Principal Nursing Officer:
Miss J. Surr

Deputy Principal Nursing Officer:
Miss O. Morgan

Asst. Prin. Nursing
Officer:
Mrs. J. Cooper

Asst. Prin. Nursing
Officer:
Miss B.M. FitzMaurice

Asst. Prin. Nursing
Officer:
Miss A. Kennedy

Centre Supts:
Full-Time - 7

Health Visitors &
Student H. Visitors:
Full-Time - 34 Part-Time - 2

Other Nursing Staff:
Full-Time - 165 Part-Time - 7

Principal Mental Health Social Worker:
Miss M.P. Docherty

Deputy Prin. Mental Health Social Worker:
C. Swanson

Mental Health Social Work, Training Centre & Day Centre Staff:
Full-Time - 22

Health Education Officer: V.T. Searle-Jordan

Other Officers:

Chiropodists; Cleansing Station Staff; Dental Assistants; Dieticians; Family Case-Workers;
Home Help Organisers; Mortuary Staff; Social Workers; Wardens; Other Staff; Technical Staff.
Full-Time - 41 Part-Time - 11

STAFF OF WELFARE SERVICES, DECEMBER 1966.

Medical Officer of Health and Director of Social Services:

Dr. A.D.C.S. Cameron

Welfare Officer:

T.A. Stone

Deputy Welfare Officer:

Miss I. Robertson

Chief Admin. Assistant:

A.H. Richmond

Prin. Admin. Assistants:

R. Paton

Miss M.P. Ziman

Admin. Assistants:

Full-Time 10

Clerical & Typing Staff:

Full-Time 15

Transport Supervisor:

Full-Time 1

Principal Social Worker:

H. Skewes

Senior Social Workers:

C.M. Merrett

Miss N. McWalters

Social Workers:

Full-Time 34

Staff at Homes:

Full-Time 13 Part-Time 2

STAFF OF CHILDREN'S SERVICES, DECEMBER, 1966.

Medical Officer of Health and Director of Social Services:

Dr. A.D.C.S. Cameron

Children's Officer:

Mrs. M.J. Willans

Deputy Children's Officer:

M.B. Carey

Asst. Children's Officer:

Miss A.V.I. Rojas

Chief Admin. Assistant:

F.M. Hildreth

Homes Supervisor:

Miss R.A.M. Davis

Prin. Admin. Assistant:

D.C. Child

Senior Admin. Assistant:

E.C.C. Wyatt

Admin. Assistants:

Full-Time 11

Clerical & Typing Staff:

Full-Time 17

Senior Child Care Officers:

Miss B.M. Gibson

R.A. Jeffries

Miss I.M.E. Mitchell

Miss J. Rousse-Short

Child Care and Assistant Child Care Officers:

Full-Time 26

Other Staff at Homes:

Full-Time 86 Part-Time 4

SUMMARY OF STATISTICS

The following statistical information relating to the Borough has been compiled from the Local and National Statistics issued by the Registrar-General in connection with population, live births, stillbirths and deaths.

The "Area comparability" factors for use with crude birth and death rates make allowances for boundary changes and for the way in which the sex and age distributions of the local population differ from those for England and Wales as a whole. In addition, the death rate "Area comparability" factors have been adjusted specifically to take account of the presence of any residential institutions in each area. When local crude birth and death rates are multiplied by the appropriate "Area comparability" factors they are comparable with the crude rates for England and Wales, or with the corresponding adjusted rates for any other area.

Area (acrea)	3988.5
Population:-	
Census, 1961	222,124
Registrar-General's estimate mid-1964	216,940
Registrar-General's estimate mid-1965	215,240
Registrar-General's estimate mid-1966	213,770
Rating:-	
Number of inhabited houses	55,874
Rateable Value	£14,047,828
Product of a penny rate	£55,320
Mortality:-	
Number of deaths	2,515
Death Rate per 1,000 population:	
Crude	11.8
Adjusted (Comparability Factor 1.07)	12.6
England and Wales	11.7
Deaths from Cancer (all ages)	610
Deaths from Measles (all ages)	-
Deaths from Whooping Cough (all ages)	-
Deaths from Diarrhoea (under 2 years of age)	1
Deaths from Circulatory Diseases	1108
Live Births:-	
Legitimate	3508
Illegitimate	647
Total	4155
Rate per 1,000 population:-	
Crude	19.4
Adjusted (Comparability Factor 0.88)	17.1
England and Wales	17.7
Illegitimate Live Births per cent of total live births	15.6
Stillbirths:-	
Legitimate	48
Illegitimate	12
Total	60

Rate per 1,000 total live and stillbirths	14.2
Rate per 1,000 total live and stillbirths England and Wales	15.4
Total Live and Stillbirths:-	4215
Infant Deaths (deaths under 1 year):-	
Legitimate	73
Illegitimate	9
Total	82
(deaths under 4 weeks)	61
(deaths under 1 week)	56

Infant Mortality Rates:-

Total infant deaths per 1,000 total live births	19.7
Total infant deaths per 1,000 live births England and Wales	19.0
Legitimate infant deaths per 1,000 legitimate live births	20.8
Illegitimate infant deaths per 1,000 illegitimate live births	13.9
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.7
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	
England and Wales	12.9
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	13.5
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	
England and Wales	11.1
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	27.5
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) England and Wales	26.3
Maternal Mortality (including abortion):-	
Number of deaths	1
Rate per 1,000 total live and stillbirths	0.24

A summary of the vital statistics of the district for 1966 and previous year is given in the following table:-

VITAL STATISTICS OF WHOLE DISTRICT

1965 - 1966

Year	Population estimated to middle of next year.	Live Births		Total Deaths Registered in the District		Transferable Deaths		Net Deaths belonging to the District			
		Number	Rate per 1,000 Pop.	Number	Rate per 1,000 Pop.	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
								Number	Rate per 1,000 Live Births	Number	Rate per 1,000 Pop.
1	2	3	4	5	6	7	8	9	10	11	12
1965	215,240	4,433	20.16	2,251	10.5	788	995	86	19.4	2,458	11.4
1966	213,770	4,155	19.4	2,316	10.8	774	973	82	19.7	2,515	11.8

(a) Population:

Once again the Registrar-General's estimated population figure shows a decrease, the figure for 1966 of 213,770 being 1,470 less than the previous year.

The estimates for child population are as follows:-

Under 1 year	4,190
1 - 4 years	12,910
5 - 14 years	20,800

**NATURAL INCREASE OR DECREASE OF THE
POPULATION DURING THE PAST 10 YEARS**

Year	Population	Excess of Births over Deaths
1955	233,300	852
1956	230,400	940
1957	227,900	1,162
1958	224,900	1,219
1959	222,200	1,200
1960	221,250	1,615
1961	219,510	1,611
1962	218,690	1,618
1963	217,360	1,887
1964	216,940	2,100
1965	215,240	1,975
1966	213,770	1,640

(b) Births:

The corrected number of births was 2,173 males and 1,982 females giving a total of 4,155 compared with 4,433 in 1965. This gives an annual rate of 19.4 per thousand of the population. The actual decrease in numbers of 278 was composed of 260 legitimate and 18 illegitimate births.

(c) Deaths:

Deaths registered during the year numbered 2,316. From this figure must be deducted 774 for non-residents transferred to their home towns. To counter-balance this must be added a total of 973 residents of the Borough who died in other parts of England. This gives the corrected figure of deaths as 2,515 comprising 1,286 males and 1,229 females; see Table 1, Page 105.

Of the outward transferable deaths, 756 occurred in hospitals within the Borough.

DEATHS FROM CANCER DURING THE PAST ELEVEN YEARS

Year	Population	Deaths	Rate per 1,000
1955	233,300	544	2.3
1956	230,400	498	2.2
1957	227,900	520	2.3
1958	224,900	528	2.3
1959	222,200	552	2.5
1960	221,250	562	2.5
1961	219,510	576	2.6
1962	218,690	569	2.6
1963	217,360	562	2.6
1964	216,940	602	2.8
1965	215,240	572	2.6
1966	213,770	610	2.8

(d) Infant Mortality

The number of deaths of infants under one year of age during the year was 82, giving a mortality rate per 1,000 live births of 19.7.

INFANT MORTALITY – 1966 AND DURING PREVIOUS ELEVEN YEARS

Year	Births	Deaths of Infants	Deaths of Infants per 1,000 Births
1955	3,408	97	28.4
1956	3,545	84	23.7
1957	3,674	95	25.8
1958	3,792	81	21.4
1959	3,821	94	24.6
1960	4,075	91	22.3
1961	4,119	74	18.0
1962	4,280	101	23.6
1963	4,564	97	21.2
1964	4,467	102	22.8
1965	4,433	86	19.4
1966	4,155	82	19.7

INFANT MORTALITY RATES – ENGLAND AND WALES AND VARIOUS OTHER COUNTRIES

Deaths under 1 year per 1,000 live births

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
England and Wales	25	24	23	23	22	22	22	22	21	20	19
Scotland	30	29	29	28	28	27	26	27	26	24	23
Northern Ireland	32	29	29	28	28	27	27	27	27	26	25
Australia	22	22	21	20	22	20	19	20	20	19	19
Canada	31	32	31	30	28	27	27	28	26	25	24
Chile	121	113	117	127	120	127	116	121	111	-	-
Denmark	25	25	23	22	22	22	22	20	19	19	19
France	39	36	34	32	30	27	26	26	26	23	23
Irish Republic	37	36	33	35	32	30	30	29	27	27	25
Italy	49	48	50	48	45	44	40	41	40	36	36
Netherlands	20	19	17	17	17	17	16	15	14	15	14
New Zealand	22	19	20	19	20	20	19	20	20	19	20
Sweden	17	17	17	16	16	16	16	15	15	14	13
U.S.A.	27	26	26	26	26	26	25	26	25	24	25

(e) Maternal Mortality

There was 1 maternal death during the year.

MATERNAL MORTALITY – 1966 and PREVIOUS YEARS

Year	Number of Deaths	Number of live births	Maternal Death Rate
	Pregnancy, child birth, abortion		
1955	4	3,408	1.17
1956	•	3,545	•
1957	3	3,674	0.82
1958	3	3,792	0.79
1959	2	3,821	0.52
1960	1	4,075	0.25
1961	1	4,119	0.24
1962	3	4,280	0.7
1963	•	4,564	•
1964	•	4,467	•
1965	2	4,433	0.45
1966	1	4,155	0.24

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PHYSICAL AND SOCIAL CONDITIONS

The London Borough of Hammersmith covers an area of 3,988.5 acres, bounded on the South by the Thames, on the North by Brent, to the East by Kensington and Chelsea, and to the West by Ealing and Hounslow.

The subsoil in the Northern section of the Borough is mainly clay, whilst in the South there is a layer of some twenty feet of gravel over blue clay. There is a variation of approximately 120 feet in elevation from the river to the Northern boundary whilst the lowest point is 13 feet above sea level.

There are more than 900 factories of varied nature within the Borough and most trades are represented. This development is undoubtedly due to the excellent water, road, and rail transport facilities available. Of equal importance to the industrialist and the resident alike are the comprehensive passenger transport services of the area which, for eighteen hours a day, provide train and bus schedules to most parts of London and to surrounding districts. The Borough is easily accessible to London Airport.

Hammersmith has all the usual amenities for recreation and relaxation. There are swimming baths at Lime Grove and North End Road; whilst Bloemfontein Road has an open-air swimming pool measuring 150 feet by 75 feet.

For the onlooker there is a very wide choice indeed as, at most weekends, the river is a spectacle with racing eights, sailing boats and skiffs from the various rowing and sailing clubs. The highlights of such activities are undoubtedly the Oxford and Cambridge Boat Race and the Head of the River Race, both held in the Spring.

The White City Stadium stages national and international athletics, and greyhound racing, whilst the Royal International Horse Show, (Patron – H.M. The Queen), and organised by the British Horse Society, is also held there. Olympia attracts thousands to its well-known exhibitions and shows; whilst the B.B.C. Television Centre in Wood Lane and Lime Grove Studios, which provide entertainment for millions, are household names.

The Borough enjoys many sporting facilities, and includes the Association Football grounds of Chelsea, Fulham, and Queen's Park Rangers in its area.

Part I Health Services

Epidemiology:

Notification of Infectious Diseases

Incidence of Infectious Diseases

Dysentery

Poliomyelitis

Paratyphoid Fever

Food Poisoning

Smallpox

International Certificates of Vaccination & Inoculation

Poliomyelitis																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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Notification of Infectious Diseases

1,855 cases of infectious diseases were notified during the year including 141 removed to hospital.

These figures show a decrease on the previous year of 526 cases due largely to the fact that there were fewer cases of Measles. There was a slight decrease in the number of Scarlet Fever and Puerperal Pyrexia cases, whilst there was a marked increase in the incidence of Dysentery and Whooping Cough; see Table 2, Page 106.

Incidence of Infectious Diseases

Dysentery

The large number of dysentery notifications was directly attributable to six separate outbreaks during the year, involving three schools and three day nurseries. The first incident occurred during February when several children at a school developed diarrhoea, confirmed by laboratory tests to be sonne dysentery and this rapidly spread to affect 26 children. Concurrently with this outbreak, 27 cases were reported among young children attending a day nursery.

Another day nursery was involved during May when 16 children were affected, followed in June by a small outbreak at a school where 6 cases occurred.

Towards the end of June a few cases were reported at another school where a major outbreak quickly erupted involving 46 children and 1 member of the staff. In view of the circumstances in this instance the entire school, including members of the teaching and kitchen staff, was checked.

At the same time as this outbreak 8 cases occurred in children attending a day nursery in close proximity to the school.

Routine checking of all family contacts of each confirmed case was carried out, in accordance with normal practice, and many more cases were discovered as a result of these investigations. With the co-operation of the general practitioners concerned, all possible steps were taken to prevent the spread of infection and all outbreaks were quickly controlled.

Poliomyelitis

In October, a woman aged 33 years living in the Borough was admitted to Hammersmith Hospital and transferred the following day to St. Ann's Hospital, Tottenham, where she was diagnosed as a case of paralytic poliomyelitis. An immediate investigation of her home circumstances was made and all contacts, including the ward staff at Hammersmith Hospital, were traced and offered oral vaccination. I am pleased to report that no other persons were affected and the patient made a good recovery.

Paratyphoid Fever

In mid-October a message was received from the Health Department, London Borough of Camden, that a man aged 31 years had been admitted to the Hospital for Tropical Diseases and was being treated as a case of paratyphoid fever pending the results of laboratory tests. Immediately prior to admission his address was within this Borough, although he had spent a few days at an address in the London Borough of Camden prior to moving here. Investigations made at his home revealed that the man had spent a period of time in Tangiers, and had returned to this country during the first week in October. Stool and urine specimens were obtained from all known contacts and I am pleased to report that the results of the laboratory tests proved negative in each case. The patient was subsequently confirmed as a positive case of paratyphoid fever, which was presumed to have been contracted abroad.

Food Poisoning

The 25 cases which occurred among persons residing in this Borough included 3 family outbreaks which involved 8 persons, whilst the remainder were sporadic cases.

The following causative agents were identified:-

Clostridium Welchii	...	...	...	...	...	...	1
Salmonella typhi-murium	...	...	...	...	...	...	8
Salmonella panama	...	...	...	...	...	...	4
Salmonella anatum	...	...	...	...	...	...	1
Salmonella kiambu	...	...	...	...	...	...	1
Salmonella montevideo	...	...	...	...	...	...	1
Salmonella muenchen	...	...	...	...	...	...	1
Salmonella weltevreden	...	...	...	...	...	...	1
Salmonella saint paul	...	...	...	...	...	...	1

In the other 6 cases, no specific organism was isolated.

Smallpox

There were no confirmed cases of smallpox in the Borough.

During the year notifications were received from Port Health and London Airport Authorities of 21 persons who arrived in this country from abroad without valid certificates of vaccination. Of this total, 15 were from areas where smallpox is endemic, whilst the remaining 6 were from locally infected areas. All were placed under surveillance for 14 days from the date of departure and all remained free from infection.

International Certificates of Vaccination and Inoculation

Arrangements continued by which the signatures of doctors, on certificates of vaccination and inoculation for travellers from this country going abroad, were authenticated by the Medical Officer of Health as required by International Sanitary Regulations.

PART 1

HEALTH SERVICES

ENVIRONMENTAL HEALTH

Part 1. Health Services

Environmental Health

Staff - Inspectorate
Sanitary Circumstances
Housing - Preferential Re-housing on Medical Grounds
Houses in Multiple Occupation
Slum Clearance Programme
Housing Act, 1957 - Closing Orders
Rent Act, 1957 - Applications
Sanitary Inspections
Summonses - Proceedings instituted during the year
Sewerage
Water Supply
Offices, Shops & Railway Premises Act, 1963
Public Cleansing
Drainage
Factories
Rodent Control
Pigeons
Diseases of Animals Act, 1950
Licenses and Registrations
Hairdressers and Barbers
Pharmacy & Poisons Act, 1933
Pharmacy & Medicines Act, 1941
Pet Animals Act, 1951
Animal Boarding Establishments Act, 1963
London County Council (General Powers) Act, 1959 - Caravans
The Children's Nightdresses Regulations, 1964
Rag, Flock & Other Filling Materials Act, 1951
Rag, Flock & Other Filling Materials Regulations, 1961 and 1965
Licensing Act, 1964
Fertilizers & Feeding Stuffs Act, 1926
Fertilizers & Feeding Stuffs Regulations, 1960 to 1964
Clean Air Act, 1956
Smoke Control Areas - Position reached at Fulham at 31.12.65.
Position reached at Hammersmith at 31.12.66.
Mobile Exhibitions
Supplies of Solid Smokeless Fuels
Grant Arrangements
Atmospheric Pollution
Clean Air Act, 1956 - Applications and Notifications
Inspection and Supervision of Food
Premises
Food & Drugs Act, 1955
Laboratory Facilities and Bacteriological Examination of Food
Ice Cream
Premises registered under Section 16, Food and Drugs Act
Milk Supplies
Markets
Public Analyst's Report on Food and Drug samples
Medicinal Baths and Treatment Centres - General
Cleansing and Treatment of Persons
Steam Sterilisation
Disinfestation
Disinfection
Assisted Bathing
Health Laundry
Service Laundry
Coroner's Court and Public Mortuary - General Services
National Assistance Act, 1948
National Assistance (Amendment) Act, 1951
National Assistance Act, 1948 - Section 50
Public Baths and Wash-houses
Staff Medical Examinations

Staff - Inspectorate

The establishment of Public Health Inspectors consists of a Chief Public Health Inspector, Deputy Chief Public Health Inspector, nine Senior Inspectors, sixteen District Public and eight Student Inspectors. For the greater part of the year the establishment was up to the required strength.

Sanitary Circumstances.

Housing - Preferential Rehousing on Medical Grounds.

All applications for rehousing with medical recommendations are considered by the Medical Officer of Health who refers them to the Senior Medical Officer (Environmental) who grades them in the following categories:

- (A+) That priority be given.
- (A) That preferential consideration should be given on urgent medical grounds.
- (B) That allocation of "Points" provided for in the Council's scheme should be made.
- (C) That no special action is warranted.

For the year ended 31st December 1966, 1196 cases were assessed as follows:

Category A+	55
Category A	113
Category B	622
Category C	264
No specific assessment	137
Pending	5

Since the scheme's inception 314 cases have been categorised A and A+ and 172 have been rehoused.

Houses in Multiple Occupation.

One of Hammersmith's problems is the occupation of the older, larger type residence by several families in place of the single family for which it was designed. This frequently gives rise to unsatisfactory housing conditions as the change often takes place without the provision of sufficient amenities in the way of water supply, baths, w.c. accommodation and adequate fire precautions. Squalid conditions arise as a result of the subsequent loss of privacy and the sharing of sanitary arrangements. Overcrowding often results either from the growth of the family in limited space, or from families being forced to accept inadequate housing because of the shortage of housing accommodation in London and the high rental charges.

The Housing Act, 1964, has augmented the provisions of the Housing Act, 1961, which was designed to deal with houses in multiple occupation. The Act enables Local Authorities to prosecute in cases where notices served under Section 14, 15, or 16 of the 1961 Act have met with non-compliance. Under the 1961 Act it was necessary for the Local Authority to carry out work in default where notices had resulted in non-compliance. The new Act gives Local Authorities the option of carrying out work in default, or of prosecuting.

Another important amendment of the 1961 Act enables Local Authorities to combine the improvement of amenities in houses in multiple occupation with the making of a Direction Order limiting the number of persons who may occupy such a house.

	1962	1963	1964	1965	1966
Number of new premises inspected	20 (143 lettings)	129 (464 lettings)	46 (277 lettings)	36 (224 lettings)	253 (412 lettings)
Of these, informal action was taken in respect of	18 premises	36 premises	46 premises	10 premises	253 premises
Number of premises where no further action taken	2 premises	93 premises	Nil	5 premises	Nil
Number of premises where formal action commenced	2 premises	18 premises	19 premises	13 premises	17 premises
Total number of inspections made	132	577	929	314	991

Slum Clearance Programme

During 1966, 302 houses were surveyed or examined in detail, and 98 houses in 10 Clearance Areas were represented as unfit for human habitation.

One Compulsory Purchase Order was made by the Council during the year, involving 35 unfit properties.

As a result both of clearance area legislation and of acquisition by agreement 161 dwellings, which had formed part of current or previous slum clearance programmes, were demolished during the year.

Housing Act, 1957 - Closing Orders.

During the year 10 Closing Orders were made and Closing Orders on 5 properties were determined.

Rent Act, 1957 - Applications.

Applications under the above Act have been received as follows:-

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
For Certificates of Disrepair										
Number received	164	167	48	12	12	3	2	3	12	7
Number granted	56	78	22	4	2	-	2	-	7	4
For revocation of Certificates										
Number received	13	36	33	7	2	5	4	2	9	-
Number granted	11	35	33	5	1	4	3	2	6	-
Undertakings given by Landlord										
Number accepted	61	117	25	8	10	3	-	2	2	3

Sanitary Inspections.

The sanitary conditions of the Borough were subject to routine inspection, and investigations were made into all 4,444 complaints received.

Particulars of the visits made by the Public Health Inspectors, together with the number of proceedings instituted, are set out in Table 8, Page 109.

Summonses - Proceedings instituted during the year:

Public Health Acts	54
Food & Drugs Act, 1955, and Regulations made thereunder	38
Housing Act	2

Sewerage.

The main sewers and the sewage disposal system in London are the responsibility of the Greater London Council. Rainwater and soil sewage are carried in the same sewers, but the arrangements for Hammersmith are not yet adequate inasmuch as some basements in the Borough are liable to flooding from time to time when heavy storms cause the sewers to be surcharged. However, work now being undertaken by the Greater London Council to obviate the trouble caused by storm water is nearing completion.

Water Supply.

The water supplied to the Borough by the Metropolitan Water Board during 1966 has been satisfactory both in quantity and quality. It is derived from the River Thames, stored in the Thames Valley reservoirs, and filtered and chlorinated at the Boards Surbiton, Hampton, and Ashford Common Works. The average result of chemical and bacteriological analyses of water supplied is as follows:

Chemical Examinations: (Milligrammes per litre unless otherwise stated).

	Ashford Common	Hampton	Surbiton
Ammoniacal Nitrogen	0.067	0.029	0.020
Albuminoid Nitrogen	0.090	0.088	0.087
Nitrate Nitrogen	3.9	4.1	4.3
Chlorides as Chlorine	32	32	34
Oxygen abs. from Permanganate 4 hrs. at 27°C.	1.34	1.27	1.14
Turbidity (Units)	0.1	0.1	0.0
Colour (Burgess Units)	15	15	12
Hardness (Total)	289	286	272
Hardness (non-carbonate)	78	76	76
pH Value	7.9	7.8	7.8
Phosphate as PO	1.6	1.8	1.9
Silicate as SiO	7	8	8
Sulphate as SO	68	62	62
Magnesium as Mg	5	5	5
Natural Fluoride as F	0.20	0.20	0.20
Surface Active Material as Manoxol O.T.	0.01	0.01	0.01
Electrical Conductivity (Micromhos)	580	570	560

Bacteriological Examinations:

	Ashford Common	Hampton	Surbiton
No. of samples	726	1136	432
Agar plate count per ml: 20-24 hrs at 37°C	17.8	11.4	3.8
Coliform count: Per cent. samples negative in 100 ml.	99.86	99.82	99.54
E. coli-count: Per cent. samples negative in 100 ml.	100.0	100.0	99.77

No new sources of supply have been instituted during 1966, nor have there been any changes in the general scheme of supply, nor any important extensions of trunk mains. Some 1314 yards of new domestic water main were, however, laid in the London Borough of Hammersmith during 1966.

No fluoride was added, and where the fluoride content is indicated it represents the naturally-occurring fluoride in the water.

The supply is hard in character and is not liable to be plumbo-solvent.

All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, through the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

Offices, Shops, and Railway Premises Act, 1963.

Registration.

Only a small percentage of premises remain unregistered due to the non-return of Forms OSR1. However, inspections of these are carried out and the occupiers notified of non-compliance with the Act.

Voluntary registration of newly-occupied premises remains unsatisfactory, but the systematic inspection of the district brings these to light. Occupiers are notified of any contraventions of the Act, together with the necessity to complete the registration form. See Table 15, Page 119.

Inspections

During the year the main emphasis has been on completing the outstanding initial inspections of premises, and on carrying out reinspections of those premises where work was found necessary to comply with the Act. On reinspections it has been found that the majority of the occupiers or owners have carried out the work. Further letters have been sent for those premises where the work was still outstanding, and these are closely followed up to ensure that the work is completed within a reasonable period.

In some instances it has become necessary under the Sanitary Conveniences and Washing Facilities Regulations for the owners or, in some cases, the occupiers of premises to carry out building works to instal additional facilities for the staff employed. In other instances, where it has not been possible to provide additional facilities, arrangements have been made with adjoining premises to share their facilities. See Table 9, Page 110.

Together with the reinspections of premises where work is outstanding, systematic re-inspections are now being carried out road by road to ascertain any changes in the number of staff or alteration to the occupation of the premises. Initial inspections to food premises and hairdressers have continued to be carried out by the District Public Health Inspectors in the normal course of their duties.

Operation of the General Provisions of the Act

Cleanliness

It has been found that very few cases appeared under this Section in reference to shops. However, storerooms, staff rooms and some older office premises have been found unsatisfactory in this respect, and the occupiers have been notified of this.

Overcrowding

The general reaction of managements whose attention has been drawn to the possibility of overcrowding when this Section becomes operative on 1st August this year has been co-operative. The majority will have taken the necessary steps to alleviate any overcrowding, mostly by the redistribution of the staff within the premises.

Temperature and Ventilation

These two problems are often related, but no great difficulties have been experienced in implementing them, as it has been found that the majority of employers provide adequate heating and/or heating points.

Lighting

In most modern office buildings and in shops generally, this has been found adequate. The most usual places where it has been found insufficient, having regard to the Illuminating Engineering Society's recommendations, are on staircases, storerooms and corridors.

Floors, Passages and Stairs

The condition of these has, in most cases, been found satisfactory except for the absence of suitable handrails.

Accidents

During the year under review no fatal accidents were reported. The number of accidents notified was 58, of which 23 were investigated in view of the likelihood of contraventions of the Act. Over 75% of these accidents occurred in the following categories:-

(1) Injuries whilst cutting with knife or involving machinery (12)

The majority of this type of accident involved young trainee butchers, and visits have been made and the persons concerned interviewed. It is felt that the advice given on these occasions may help to prevent other young persons from repeating this type of accident.

One accident involved a "Dangerous machine", namely a gravity feed slicer. The lady assistant was cutting salami sausage and she either pushed the salami with her hand or tried to clear a "Difficult" slice away from the blade, and in so doing sliced off a piece of nail and the top of her index finger. The slicer was examined, and it was found to be provided with all the necessary guards and pusher. The assistant had been given instructions by the manager, and in the circumstances, as all legal precautions had been carried out, no further action was taken.

Another case involved an operator of a duplicating machine whose hand was caught between the cylinder and stripping fingers. The guarding of this machine, and ones of similar construction, has been referred to H. M. District Superintendent Inspector of Factories, who is contacting the manufacturers to endeavour to improve the guarding.

(2) Falling on steps or stairs (11)

A number of this type of accident were investigated, and the occupiers of the premises concerned were instructed to provide adequate handrails, repair or renew defective stairs and, if necessary, to improve lighting.

(3) Slipping on floors (11)

A number of these involved persons slipping on polished wood block floors. Representations were made to the firm concerned, and they have carried out experiments to reduce the risk of further accidents from this cause.

(4) Handling of goods (9)

Most of these accidents involved either falling goods or equipment, and were of a spontaneous nature. Little can be done to guard against this type of accident; See Table 15, Page 120.

Prosecutions

No prosecutions were instituted during the year; See Table 15, Page 120.

Public Cleansing

The Borough Engineer and Surveyor, who is responsible for the collection, removal and disposal of refuse, has kindly furnished the following information with regard to this service:

Amount of domestic and trade refuse collected during the year ... 60,048 tons

Method of disposal	(a) Controlled tipping 38,335 tons
	(b) Separation and incineration 21,713 tons

Frequency of collection	(a) House refuse - Weekly
	(b) Trade refuse - as required.

Drainage

During the year 220 plans were submitted to the Health Department and a total of 4722 inspections were made in connection with supervision of drainage works.

Factories

Tables 9 and 10, on Pages 110 and 111, are in the form prescribed by the Minister of Labour on the administration of the Factories Act, 1937, and deal with factories, both mechanical and non-mechanical, and outwork.

Rodent Control

Treatment of sewers with sodium fluoracetamide has continued. This method of treatment has proved most successful in controlling the rat population. A proportion of surface infestations is directly due to rats from defective and disused drain connections to the sewers. Concurrently with normal surface treatment action is always taken to remedy any defects in house drains and sewers.

Income from treatment at business premises amounted this year to £190.10.0.

The following is a summary of the work for the year:-

PROPERTIES	TYPE OF PROPERTY	
	NON- AGRICULTURAL	AGRICULTURAL
1. Number of properties in district	64,469	—
2. a. Total number of properties (including nearby premises) inspected following notification.	1,536	—
b. Number infested by (i) Rats	681	—
(ii) Mice	769	—
3. a. Total number of properties inspected for rats and/or mice for reasons other than notification.	77	—
b. Number infested by (i) Rats	26	—
(ii) Mice	39	—

Pigeons

Complaints of nuisance caused by pigeons are increasing and there are signs that the public are becoming aware of the fact that these birds are pests and not "Pets" when they desert their natural habitat and feed and roost in cities.

A Contractor is employed by the Council to clear infestations wherever a complaint is made. This, however, is not a real solution to the problem which can only be successfully tackled in London by a concerted effort of all Boroughs and the Greater London Council. This is not likely to happen until public opinion changes.

Diseases of Animals Act, 1950

Inspection of premises under the provisions of this Act are undertaken for the Council by the Veterinary Officer of the City of London.

The following are details of such visits made within the Borough during the year:

Shepherds Bush Market	19 visits
North End Road Street Market	11 visits
Bertram Mills' Circus	9 visits
International Horse Show	2 visits
International Poultry Show	2 visits
Royal Dairy Show	5 visits
Total ...	<u>48 visits</u>

Licences and Registrations

Hairdressers and Barbers

Prior to 1st April, 1965, a total of 241 hairdressers and barbers were registered in Fulham and Hammersmith under the old London County Council, (General Powers) Act, 1954. Premises are well conducted, but it is considered advisable to have some method of control similar to that exercised prior to the amalgamation.

Pharmacy and Poisons Act, 1933

Pharmacy and Medicines Act, 1941

The names and addresses of 155 retailers were entered on the Council's list of persons entitled to sell poisons under Part II of the above Acts. Many of these are food retailers and in some instances the poisons sold are only household disinfectants, but a careful watch is kept on commodities sold under proprietary names containing other poisons mentioned on the list.

No action was necessary for any offences under the Acts.

Pet Animals Act, 1951

Sixteen applications for licences were received and granted during the year. All the premises were kept under observation.

Animal Boarding Establishments Act, 1963

Licenses were renewed for the two establishments within the Borough where animals are boarded. These premises are well kept and conditions are satisfactory.

London County Council (General Powers) Act, 1959 - Caravans

Section 22 of the above Act forbids the use of land within the Borough as sites of moveable dwellings unless licensed by the Council.

The Council may also attach to any licence granted under this Section such conditions as they think fit on the number and class of caravans kept on the site, the space between such dwellings, fire protection, prevention of nuisance from noise, and for securing adequate water supplies and sanitary conditions.

Two sites for which licences are issued to private individuals house 6 caravans. Three sites are owned by the Greater London Council, housing 3 caravans and 8 moveable dwellings.

The Children's Nightdresses Regulations, 1964

These Regulations, made by the Secretary of State under the provisions conferred by Section 1 of the Consumer Protection Act, 1961, came into force on 1st October, 1964. From the date the Regulations came into operation no person may sell, or have in his possession for sale, a child's nightdress not complying with the Regulations, (subject to certain exceptions).

Periodic checks are made by the Public Health Inspectors on shops selling such articles and two nightdresses were purchased and submitted for testing during the year. Both were found satisfactory in all respects.

Rag, Flock and other Filling Materials Act, 1951

Rag, Flock and other Filling Materials Regulations, 1961 and 1965

The above Act and Regulations deal with the licensing and registration of premises where filling materials for use in upholstered articles are made or used, with a view to securing the use of clean fillings. No materials were sampled during the year from the 9 registered premises in the Borough, nor was it necessary to question any matter in connection with the businesses concerned.

Licensing Act, 1964

Part II of this Act deals with the sale of intoxicating liquor in club premises which must be registered with the Clerk to the Justices for the Sessions Area in which the clubs are situated. The Local Authority or Police may object to the registration, or renewal of registration, of any premises considered to be not suitable or convenient and the Department is able to comment on the Public Health and Food Hygiene aspects of such club premises. In particular, where new applications are being made for registration, it is usually possible to have suggestions made by the Department incorporated in the provisions, thus making any objections to registration unnecessary.

This arrangement again worked satisfactorily during the year and in no case was any objection recommended.

Fertilisers & Feeding Stuffs Act, 1926

Fertilisers & Feeding Stuffs Regulations 1960 to 1964

Under the above, the seller of soil fertilisers or cattle or poultry feeding stuffs is required to furnish a statutory statement of the name and content of the materials as listed in Schedule I of the Regulations and a Local Authority, in enforcing the legislation, may take samples for analysis. During the year, 8 such samples were taken and all were satisfactory. They were as follows:-

Layers Mash	...	...	2
Fertiliser	...	...	4
Bone meal	...	...	1
Dried Blood	...	...	1

Clean Air Act, 1956

Smoke Control Areas

The steady progress which has been characteristic of the phased Smoke Control programme was maintained throughout the year. On the 5th January, 1966, the Council made the last Smoke Control Order, the Hammersmith No. (9) Smoke Control Order, which was confirmed on the 29th May and will come into operation on the 1st June, 1967.

Smoke Control Orders have now been made to cover the whole of the London Borough of Hammersmith. This represents a total of 3,988 acres and 72,559 premises, Hammersmith being the first London Borough to complete its programme.

I should like to take this opportunity of thanking the various bodies which have co-operated with the Council in implementing the Smoke Control programme, especially the following:-

North Thames Gas Board
London Electricity Board
Solid Smokeless Fuels Federation
Coal Utilisation Council
National Coal Board
Ministry of Technology (Warren Springs Laboratory)
Clean Air Information Service (College of Fuel Technology)

Thanks are due too to the local builders, authorised dealers and smokeless fuel merchants who have rendered every possible assistance.

The Fulham Smoke Control Programme was completed in 1965, and details are set out below:-

POSITION REACHED AT 31.12.65

FULHAM

Area	Acreage	No. of Premises	Operative Date	No. of Applications	Estimated No. of Conversions
1	100	3,927	1.10.58	1,329	1,872
2	160	5,827	1.10.59	1,197	1,596
3	85	2,423	1.10.60	603	804
4	174	5,801	1.10.61	2,093	3,112
5	147	5,466	1.10.62	1,459	2,184
6	47	16	1.10.62	1	12
7	290	6,783	1.10.63	2,267	3,401
8	335	6,416	1.10.64	1,761	2,348
9	368	7,249	1.10.65	2,212	2,949
TOTAL:	<u>1,706</u>	<u>43,908</u>		<u>12,922</u>	<u>18,278</u>

POSITION AT 31st DECEMBER, 1966

HAMMERSMITH

Smoke Control Order No.	Acreage	Date Made	Date Confirmed	Operative Date	No. of Premises	Estimated No. of Adaptations
1	169	28. 1.59	29. 4.59	1.11.59	2,359	1,157
2	170	26. 2.60	26. 5.60	1. 7.61	3,787	2,080
2 V		24. 5.61	4. 8.61	1. 3.62		
3	128	22.12.60	14.11.61	1.11.62	3,759	1,205
3 V		25. 7.63	7.10.63	1. 5.64		
4	165	18. 4.62	7. 9.62	1. 7.63	2,852	2,985
5	173	30. 1.63	7. 8.63	1. 7.64	985	1,005
6	121	25. 3.64	28. 5.64	1.12.64	2,167	1,861
6 V		21.10.64	11. 1.65	1. 8.65		
7	183	30.12.64	12. 3.65	1.11.65	2,925	3,800
8	568	12. 5.65	8. 9.65	1. 7.66	5,393	6,500
9	605	5. 1.66	29. 7.66	1. 6.67	4,424	4,300
TOTAL:	<u>2,282</u>				<u>28,651</u>	<u>24,893</u>

V = Variation Order.

Mobile Exhibitions

The Mobile Exhibition Unit of the Solid Smokeless Fuels Federation visited the Hammer-smith (No. 8) Smoke Control Area in June and the (No. 9) Smoke Control Area in October. A great deal of interest was shown by the residents of both areas, and much advice and information was given regarding domestic heating problems.

Supplies of Solid Smokeless Fuels

The supplies of solid smokeless fuels have been adequate and have in no way affected the progress of the Smoke Control programme. The increased use of gas for domestic space heating has lessened the demand for open fire gas coke and at the same time the availability of premium smokeless fuels and fuel for room heaters has been adequate.

Grant Arrangements

The Ministry of Housing and Local Government Circular 51/65 which sets out the price list for the various types of appliances has facilitated the grant arrangements for the No. 9 Smoke Control Order but has resulted in occupiers choosing the dearer types of appliances, which has increased the average cost per conversion.

Atmospheric Pollution

Seven stations are maintained throughout the Borough for recording the measurements of smoke and sulphur dioxide emissions. The production of smoke in the atmosphere has been reduced by about 50%, whilst the ground level concentration of sulphur dioxide has not increased.

Clean Air Act, 1956. Sec. 3(2)

Applications for prior approval to the installation of furnaces:

Applications received	4
Applications approved	4

Clean Air Act, 1956. Sec. 3(3)

Notifications of intention to instal new furnaces = 20.

Oil fired	14
Coke fired	1
Gas fired	5

Inspection and Supervision of Food Premises

During the year 4,056 inspections were made at food premises, stalls and markets and at 100 of these conditions contravening the Food Hygiene (General) were found.

No exemption certificates were granted by the Council in connection with the Regulations during the Year.

A list showing the number and type of premises in the Borough where food is sold, stored and prepared, is given below:-

	No. of premises fitted to comply with Reg. 16	No. of premises fitted to comply with Reg. 19
Bakehouses (level)	25	25
Bakehouses (basement)	2	2
Bakers' retail shops	64	64
Biscuit manufacturers	2	2
Butchers	126	126
Cafes and restaurants	252	252
Canteens and clubs	209	209
Chemists	72	72
Confectioners (sweetshops)	344	344
Fishmongers (wet and fried)	63	63
Fruiterers and greengrocers	140	140
Fruit drinks (bottling)	2	2
Grocers and provisions	396	396
Honey refiner	1	1
Ice Cream manufacturers	3	3
Jellied eels and pies (manufacture and sale) ...	4	4
Milk processing depots	2	2
Off licences	107	6
Public Houses	169	169
Sweet manufacturer	1	1
Wine bottling	1	1
Wholesale food stores	43	43
	<u>2,028</u>	<u>1,927</u>

Food & Drugs Act, 1955

A large quantity of food which, although unsound, did not call for action under Section 9 was voluntarily surrendered. A list of the commodities and the amount involved is shown in Tables 12 & 13, Page 115; for Lists of samples examined and complaints received see also Tables 11 & 14, Pages 112 - 114 and 116 - 118.

Laboratory facilities and bacteriological examination of food.

The Public Analyst for the Borough is:-

Mr. Thomas McLachlan,
Messrs. Thomas McLachlan & Partners,
4 Hanway Place,
London, W.1.

Bacteriological examination of food is carried out by the Public Health Laboratory Service, County Hall, S.E.1, and by the Royal Institute of Public Health.

The following samples were submitted to the Public Health Laboratory Service for bacteriological examination:-

Ice Cream	24
Milk	62
Sausage	2

The Public Health Laboratory Service is also available to doctors for bacteriological examinations, throat swabs, intestinal specimens; and the necessary swabs and outfits for the Laboratory can be obtained from the Environmental Health Service.

Ice Cream

Ice cream is manufactured at two premises in the Borough, one of which is a large wholesale manufacturing and distributing company.

During the year 24 samples of ice cream were taken to the Public Health Laboratory Service for bacteriological examination and the Methylene Blue test. The Methylene Blue test is recommended by the Ministry of Health as a guide to ascertaining the bacteriological cleanliness of ice cream. The time taken to decolourise Methylene Blue is recorded and the samples graded as follows:-

Provisional Grade	Time taken to decolourise Methylene Blue
1	4½ hours or more
2	2½ hours or more
3	½ to 2 hours
4	Less than ½ hour

The 24 samples were placed in the following grades:-

12 were within Grade 1
4 were within Grade 2
6 were within Grade 3
2 were within Grade 4

Premises registered under Section 16, Food and Drugs Act.

Ice cream manufacturers	2
Ice cream sales only	4
Confectioners (sweetshops) selling ice cream	211
Restaurants (selling ice cream for consumption off the premises)...	23
Grocers selling ice cream	115
Fruiterers and greengrocers selling ice cream	10
Off licence premises selling ice cream	10
Bakers selling ice cream	2
Hairdresses selling ice cream	2
Butchers preserving meat and/or manufacturing sausages	71
Grocers and provision dealers preserving meat	30
Caterers preserving meat	4
Fishmongers curing fish	23
Food factories manufacturing sausages and preserved food	3
TOTAL ...	<u>510</u>

Milk Supplies

There are two large milk processing depots in the Borough, each with its own private siding enabling it to receive milk by rail and from the country.

Raw milk is brought to these depots daily in rail tanks and road tankers each of 3,000 gallons capacity. Milk is collected from the farms and bulked at creamery centres in the dairying areas and after preliminary tests it is despatched to the processing and distributing depots. A large quantity of milk is also received at these depots in churns direct from the farms. The two depots handle together about 180,000 gallons of milk per day. There are nine "High temperature - short time" pasteurising plants in which the milk is heated to, and retained at, a temperature of 161°F for 15 seconds, and is then cooled to below 50°F in accordance with the requirements of the Milk (Special Designation) Regulations, 1960-1963. There are also a number of ovens for the production of sterilised milk.

Some of the milk is distributed in churns after pasteurising, about 12,000 gallons is sterilised in bottles, and the remainder is bottled or filled into cartons after pasteurisation. At one of these depots extensive cartoning of milk is now carried out and a variety of types of carton are filled for supply by retail sale, especially in milk vending machines.

At regular intervals the Food & Drugs Inspector checks the efficiency and working temperature of the processing plants and takes samples to ensure that they comply with the requirements of the Milk (Special Designation) Regulations, 1960-63.

All samples taken from these milk plants were reported to be satisfactory. 245 inspections were made in connection with the processing of milk and the premises found to be generally satisfactory.

256 persons were on the register of milk distributors at the end of the year.

The following number of licences under the Milk (Special Designation) Regulations, 1960-1965, were in existence at the end of the year:-

Pasteurised	...	...	...	...	186
Sterilised	...	...	...	...	178
Untreated	...	...	...	...	60

Under the Regulations 62 samples of designated milk were taken from milk processing plants, from distributors and from automatic vending machines. These samples were submitted for Phosphatase, Methylene Blue, and Turbidity tests, the results which are set out below:

Class of Milk	No. Tested	Phosphatase Tests		Methylene Blue Tests		Turbidity Tests	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	56	55	1	50	2	—	—
Untreated	2	—	—	2	—	—	—
Sterilised	4	—	—	—	—	4	—

The 2 samples of pasteurised milk which failed to pass the Methylene Blue test were from vending machines and each case was a first offence. Statutory notices were served in accordance with the provisions of Section 43/44, Food & Drugs Act, 1955, and as a result the companies concerned overhauled their management and further samples were found to be satisfactory. No samples were submitted for Brucella Abortus check.

Markets

There are seven market sites in the Borough, three of which are street sites where traders operate from approved pitches. The site in North End Road is the largest of these and because of the intensity of traffic along the road the problems connected with the carrying on of trading are more than one would normally meet in such circumstances. The adequate collection of waste, the maintenance of personal cleanliness, the maintenance of clean and tidy conditions around the stalls, the restocking of stalls during trading, are all problems which tend to make trading conditions of a lower standard than one would hope to achieve. Towards the end of the year, in the light of pending new legislation, the whole question of street trading was again being considered with the other interested departments of the Council.

Frequent inspections of the food stalls were made in all these markets and particular attention given to storage accommodation.

Public Analyst's Report on Food & Drug Samples

I am indebted to the Public Analyst, Mr. Thomas McLachlan, for his 1966 Report on Food and Drug Samples:

"During the year 1966, 1056 samples of food and drugs were examined. Of these 85 were taken formally and 923 informally. Forty-eight complaint articles were also submitted.

The number adulterated or about which some comment was made was 88. The incidence of these criticisms may be classified as follows:-

	Number of samples examined.	Number of samples adulterated.
Milk	69	-
Milk Bottles	9	9
Other food and drugs	972	76
Drugs	6	3

During the year 9 milk bottles were submitted as complaints, of which 7 contained metal caps, one had been used to detonate a firework, and one contained tea dust and tea leaf which had not been treated by alkali or boiling water and must, therefore, have gained access to the bottle after it had been filled with milk.

Two samples of canned cream were deficient in milk fat one 2.9 per cent and the other 0.95 per cent. Another sample contained 23.53% fat and 6.35% solids-no-fat, and appeared to have been diluted with water. If a cream is centrifuged to contain more than the necessary quantity of fat it must be diluted either with some of the original separated milk or with fresh full cream milk, but not with water. A whipped cream contained 20.6 per cent of fat which consisted of fat other than milk fat, and must therefore be sold as reconstituted or imitation cream. A double cream submitted because of the metallic flavour was tested for copper, iron, and tin, which were all negligible, but the total counts were 90,000,000 and 11,000,000 per gramme. This was no doubt the cause of the unpleasant flavour and it was probable that the cream was far from fresh when sold. A sample of evaporated milk possessed a dark brown colour and caramellised flavour due to overcooking. The tin plate of the can was slightly blackened, but the actual tin content of the milk was only 3 parts per million. Eleven other samples of condensed milk were examined because of a complaint that they had caused illness. They were all examined for zinc and the contents ranged from 9 to 19 parts per million, but it has been found that up to at least 17 parts per million of zinc may be expected, and the sickness must have been due to some other cause.

A yoghurt contained only 0.32 per cent of fat, instead of at least 3.0 per cent, and was 89 per cent deficient in fat. It also contravened the Labelling of Food Order inasmuch as the ingredients were disclosed as "Whole milk, sugar, separated milk solids, natural flavour and colouring", whereas not more than 10% of whole milk was present.

Three flavoured yoghurts were deficient in fat, containing respectively 0.08%, 0.38%, and 0.46%. They also carried labels, showing respectively pieces of fruit, pieces of chocolate, and strawberries, none of which were present.

A cream cheese spread labelled "70%" was considered to be misleading, since the 70% would be intended to refer to the fat content which was in fact only 33.7 per cent.

Some cheese with herbs and garlic contained 37.5 per cent of fat as sold and a statement "Double cream cheese 72 per cent of dry solids" was almost illegible.

This cheese did not even comply with the requirements for ordinary cream cheese which require not less than 45 per cent of milk fat. The Cheese Regulations require double cream cheese to contain not less than 65% milk fat on the cheese as sold. Herbs and garlic were also omitted from the list of ingredients.

A product labelled "Concentrated Cheese Sauce", really a cheese dip, contained not more than 6 per cent of cheese. Unconcentrated cheese sauce must contain approximately 5 per cent of cheese and this product did not warrant the description "Concentrated".

Four complaints were received regarding bread. One loaf contained a small triangular piece of stainless steel which had been baked in the bread, another a piece of wire mesh doubtless from the sieve used in sieving the flour, whilst a third contained a small piece of glass baked in the loaf. Another loaf, submitted with the yeast employed in manufacture, was found to be sour due to the presence of rope bacteria, but the yeast was satisfactory and the fault lay in the bakery.

A steel split rivet found in a piece of cake had been cooked in the cake. The green discolouration on the interior of a sponge cake was due to a penicillium mould and had probably been introduced by using a contaminated knife to cut the cake.

Some porridge oats were contaminated with a considerable amount of webbing and pieces of hardened oat matter due obviously to the excretion of insect larva in the carton, although no moths or larva were found in the oats themselves. It was probable that the infection was due to one or more larvae of the *Ephestia* species.

Three samples of sausages were deficient in meat, four contained added preservative which was not declared thus contravening the Preservatives in Food Regulations, one was both deficient in meat and contained an undeclared preservative, and another was reported as inferior because the fat was in greater quantity than the lean meat, the proportions being 51 to 49 per cent. Foreign matter in a pre-packed sausage was found to be a piece of cardboard typical of that used for the boxes in which frozen products are packed.

A tin of corned beef was a satisfactory product, but the can contained only 5.7 ozs. of meat instead of 6 ozs. thereby contravening the Weights & Measures Act.

The meat of some canned minced turkey in jelly was only 77 per cent, whereas the proposed Regulations for meat in jelly required 80 per cent, allowing for the gelatine.

Two products labelled "Chopped Pork" contained only 70.9 per cent and 81 per cent of meat respectively. Chopped Pork must contain not less than 90 per cent of meat and these products should have been described as "Pork Luncheon Meat". Another sample of pork luncheon meat was received in an open can which showed severe rusting and there were several discoloured patches on the meat. Two other samples showed some sulphur staining of the cans but insufficient to warrant any serious objection.

A shepherd's pie possessed a sour taste due to the presence of *Clostridium butyricum* bacteria. More care is necessary in the preparation of meals of this type, which must be heated and cooled quickly.

A complaint was received regarding the discolouration of a veal, ham, and egg pie. This was found to be due to copper, probably introduced when injecting the jelly into the cooked pie.

A chili con carne contravened the Labelling of Food Order as no list of ingredients was shown.

A Pork and Goose Liver Pate contained 81% total meat, 44 per cent fat, and 37 per cent lean meat, showing that the fat was 54 per cent of the total meat content, whereas it should not be more than 50 per cent. A chicken pate was prepared from chicken and pork and should, therefore, have been described as "Chicken and pork pate". A product labelled "Deville Ham" was considered by your analyst to be misleading as it consisted of a ham pate. A devilled product should consist of pieces of meat in a sauce. Although the magistrate did not support your analyst, the Meat and Fish Pastes Order will be amended to make sure that products of this type are labelled correctly. Foreign matter in a can of spaghetti bolognese was found to be a portion of vein from a piece of meat, and more care should have been taken in mincing the meat. As veins are natural to meat this product was reported as inferior. The labelling of another can of spaghetti bolognese was incorrect as it listed "Monoglyceride", as an ingredient whereas the correct description should have been "Partial glycerol esters", or if preferred, "Glyceryl monstearate".

Smoked oysters in cottonseed oil contravened the Merchandise Marks Act, as only the name of the packer was given. They must bear a note stating whether they are British or foreign produce. A can of cooked cockles contained only 45 per cent of cockles and 55 per cent surrounding liquor. It was considered there should be at least 50 per cent of cockles present.

Several cans of rhubarb were submitted because of a complaint that the rhubarb was unsatisfactory. The interior of the complaint can was slightly attacked although the rhubarb appeared to be satisfactory, whereas the interiors of two other cans were definitely unsatisfactory, the lacquer having come away from the tinplate in several places although the rhubarb was not badly discoloured.

One sample of glace cherries was fermenting, whilst another was heavily infected with yeasts so that they would gradually ferment.

A product sold as sliced onions was satisfactory as such, but in the opinion of your analyst it should be described as "Sliced onions in water".

Some canned peas were submitted because they possessed an unpleasant odour and flavour and although this was thought probably to have been caused by carelessness in the factory concerned it was difficult to give any definite opinion. A can of Gungo peas contained, in fact, processed peas and the contents must be labelled accordingly.

A jar of mixed fruit jam contained on the bottom 0.33 of a gram of iron scale in a large number of fragments. Some lemon cheese was stated to contain lemon peel but no other ingredients were mentioned, thus contravening the Labelling of Food Order. It was also 33 per cent deficient in lemon oil, containing not more than 0.08 per cent of volatile oil, whereas the Food Standards Preserves Order requires .125 per cent of lemon oil.

Some pickling spice was infested with beetles, probably *Carpophilus dimidiatus*. These are small beetles commonly found in spice. A ground ginger compound, and some ground cinnamon, contained respectively 23 parts per million and 20 parts per million of copper. The recommended limit is 20 parts per million, although there is no statutory limit. Another sample of ground ginger was high in ash and acid insoluble ash due to an excessive quantity of soil being attached to the roots. This sample was reported as inferior because if ginger root is washed too much to remove the earth there is a tendency to remove the flavour.

Some malt vinegar contained 1.03 per cent of salt which was not declared. If salt is added as a preservative its presence must be declared. A pickle was stated to contain "Thick fruit sauce" the ingredients of which were not disclosed. Although thick fruit sauce is exempt from declaration of ingredients under the Labelling of Food Order, it is not exempt when forming a constituent of some other food. A tomato sauce was labelled as containing "Solution of acetic acid", but the correct description is "Acetic acid", which must be placed in its proper position in the list of ingredients.

A mixed vegetable produce described as "Thick Calaloo" was also incorrectly labelled as it was stated to contain "M.S.G." This must be described as "Monosodium glutamate".

A chop sauce listed amongst its ingredients "Acetic Acid (Sol.)" which is not the recognised name, and should have been declared as "Acetic acid". An Italian dressing listed the ingredients in the wrong order.

A bottle of lemonade was submitted because it possessed a strong odour of phenol disinfectant. The stopper had previously been used in a bottle containing some type of sanitary fluid, with the result that some of the phenols had been absorbed into the rubber gasket.

A sample of whisky was only 63.36 per cent proof strength, whereas the Food and Drugs Act stipulates 65 per cent. This whisky, therefore, contained 2.5 per cent excess water.

A pancake and a frying pan were submitted as a complaint and examination showed that the pancake contained small pieces of metal from overheating the frying pan. The small quantity of metal in the pancake would, however, have been too small to cause any damage.

Water used for washing utensils in an ice-cream van, but suspected of containing urine, contained sugar and slight flavouring, and had no doubt been used for rinsing ice cream dippers. It showed a count of 83 million blood heat bacteria and 20 million low temperature bacteria per ml., which indicated that insufficient care was exercised in changing this water.

A piece of metal found in a welfare meal consisted of spiralled tinplate, but without further information it was difficult to express an opinion how it got into the food.

Two pieces of glass stated to have been found in an apple pie were thought to be from an electric light bulb, and the suggestion that they had been in a tin of apple was probably correct.

Two samples of diet chocolate were labelled as containing "Hexahydric alcohol" whereas the term "Sorbitol" should have been employed. There are many hexahydric alcohols. A healing oil was recommended for the cure of Anthrax, Mumps, Whooping Cough, Bloody Dysentery and other complaints. It is dangerous to make claims of this type. There were also several minor offences on the label. A beef, iron, and wine tonic contained only 1 per cent of iron and ammonium citrate and 0.26 per cent of beef extract, which was considered too small a quantity to warrant the description. Two small beetles were found in a bottle of a linctus due to the improper storage of the bottles before filling. See Table 11, Pages 112 - 114.

New Legal Matters

The Butter Regulations, 1966, come into operation in September, 1967. They supersede the Butter and Margarine Regulations, 1955, in so far as these apply to butter. They specify requirements regulating the amount of milk fat, curd, salt, and moisture, in salted and unsalted butter, and specify requirements for the labelling and advertisement of butter. The Regulations do not, however, apply to butter sold for export, or to caterers or manufacturers.

The Cheese (Amendment) Regulations, 1966, come into force on the 1st February, 1967. They redefine "Compound products" containing 10 per cent or more cheese, and require processed cheese to be described by its varietal name to comply with the compositional standards prescribed for the variety, or with the principal Regulations, and add to the varieties of cheese subject to the fat and moisture control.

The Antioxidant in Food Regulations, 1966, came into operation on 9th December, 1966. These Regulations ban the use of antioxidants in infant foods. They permit the use of a new antioxidant for use on apples and pears and lay down specifications of purity for all antioxidants.

The Salad Cream Regulations, 1966, came into force in September, 1966. They include mayonnaise as salad cream and regulate the amount of vegetable oil and egg yolk solids contained in such creams. Requirements are also prescribed for the labelling and advertisement of salad cream, but the Regulations do not apply to salad cream for export or catering.

The Mineral Hydrocarbons in Food Regulations, 1966, came into force on the 27th August, 1966. The chief amendment to these Regulations lies in the compositional control of the purity of hydrocarbons used for food purposes. These Regulations can be enforced for foods manufactured in this country, but offer little control for imported products.

The revised Colouring Matter in Food Regulations, 1966, will come into operation on the 26th June, 1967. They revise the list of colouring matters which may be added to food sold for human consumption, and prohibit or limit the use of such colouring matters in certain named foods, especially fresh meat, fruit or vegetables. They also regulate the amount of arsenic, lead, and copper contained not only in permitted colouring matters but also in colouring compounds.

The revised proposed Regulations for Fish and Meat spreadable products will increase the quality of fish and meat spreads considerably which the public are entitled to expect, and will prevent evasion of quality should they come into force.

The Food Standards Committee Report on Claims and Misleading Descriptions dealt with claims on labels and in advertisements and also covered misleading descriptions, but the extent to which it will be possible to control advertising ingenuity remains to be seen.

The Food Additives and Contaminants Committee issued a Report on the use of Cyclamates and concluded that the ingestion of cyclamates is unlikely to present any hazard to health, though they may have a laxative effect if consumed in substantial amounts.

The Food Additives and Contaminants Committee also issued a Report on Solvents in foods. The Committee considered eight of the best known solvents would satisfy the needs of the food trade, and proposed that only these should be permitted.

The Second Report by the Committee on Safety of Drugs was issued in May, 1966, and made suggestions for the safe use of drugs by stricter precautions over the control of new drugs, and the sale and labelling of medicines generally."

Medicinal Baths and Treatment Centres - General.

Demand has increased considerably in all section of our work. In particular the Medicinal Baths Section has dealt with 76% more cases than in 1965 and the Disinfestation Section shows an increase of 72% compared with the previous year.

There is no apparent reason for this rather disturbing increase and one can only assume the possibility that overcrowding and bad housing conditions may contribute.

Cleansing and Treatment of Persons

The demand for this particular service has been declining gradually for a number of years, so that the 76% increase in this year is somewhat surprising. In all 752 individuals receiving 1,198 treatments for a variety of causes. The main five reasons were:-

Scabies	354 patients	664 treatments
Head lice	142 patients	159 treatments
Body lice	144 patients	186 treatments
Pubic lice	71 patients	119 treatments
Impetigo	20 patients	32 treatments

Approximately two-thirds of the treatment for body lice were for men from a large hostel in the Borough.

Steam Sterilisation

283 requests involving 4,931 articles were dealt with during the year. Use is made of this service by neighbouring Authorities also, some 361 articles being sterilised for 4 such bodies. The following table gives details:

	Collections	Articles
<u>Hammersmith:</u>		
West London Hospital	141	1420
Fulham Hospital	27	787
Stamford House	27	421
Parsons Green Clinic	18	171
Hurlingham Lodge	16	1487
Olympia	1	300
C.D. Headquarters	1	65
Private dwellings	52	280
	<u>283</u>	<u>4931</u>
<u>Other Local Authorities:</u>		
L.B. Ealing	9	102
L.B. Hounslow	3	46
L.B. Richmond	9	97
G.L.C.	1	116
	<u>22</u>	<u>361</u>

Disinfestation

The following table indicates the variety of work under this section:-

	Premises	Rooms		Premises	Rooms
Beetles	18	33	Ants	27	37
Bed bugs	143	303	Crickets	1	2
Book lice	1	1	Flies	6	11
Fleas	52	130	Silverfish	3	6
? insects	17	35	Mites	5	11
Cockroaches	31	74	Slugs	1	1
Dirty premises	25	55	Maggots	2	2
Lice	7	12	Moths	3	4
Not defined	13	36			
Totals: Premises - 355: Rooms - 753: Wasps nests - 66: Ants nests - 21					

Disinfection

Premises are not normally sprayed following cases of the more common infectious diseases unless a definite application is made. During the year 43 requests for formaldehyde disinfection were received following death and illness. In most cases the illness was not of an infectious nature and spraying was carried out as a palliative measure only.

Assisted Bathing

During the year the Medical Baths Superintendent, who is a State Registered Nurse, supervised the bathing of 17 aged or infirm persons, who received 264 baths.

Health Laundry.

Once again demand for the incontinent laundry service has increased, but this year only by 15%, compared with the 50% increase of the previous year.

Service Laundry.

There has been considerable expansion in this particular section, mainly due to work undertaken for the Welfare Services at Southway Close. This is an old people's home where a total of 15,106 articles were laundered. Work is also undertaken for the Tuberculosis Hostel, Hurlingham Lodge. Here special precautions are taken in view of the infective nature of the laundry. The following tables gives a break-down of the services rendered:-

Fouled laundry service	134,564
Southway Close	15,106
Medicinal Baths,	4,329
Luncheon clubs	3,918
Grove House Nursery	2,964
Townmead Road D.S.	2,187
Hurlingham Lodge	1,622
Dust Destructor	1,108
Medical Room	632
Mortuary	529
Chiropody clinics	483
Nazareth House	351
Civil Defence Headquarters	98
Emlyn Gardens Centre	98
Welfare Dept., Fulham	60
Other sundry laundry	376
	<u>168,425</u>

Coroner's Court and Public Mortuary – General Services.

The accommodation provided comprises Court, Jury room and suite of offices for the Coroner and his Officers, a modern post-mortem room with four tables, refrigerated accommodation for eighteen bodies, and office accommodation for the Pathologist and Mortuary Superintendent. A large waiting room comfortably furnished, and a viewing room, are also available for the public.

The Mortuary was used by the neighbouring Boroughs of Ealing and Hounslow whilst their own mortuaries were closed during the annual leave period. Inquests were held in the Court for Ealing, Hillingdon and Hounslow cases, in addition to Hammersmith.

The number of bodies admitted to the Mortuary during the year was 675, a decrease of 5 over 1965. There were 670 post-mortem examinations, as in the previous year.

In all 279 inquests were held at the Coroner's Court compared with 344 the previous year. Details are set out below.

Bodies admitted from the Borough:-

By order of Coroner	606	
On application of Undertakers	5	
		611

Bodies admitted from other Boroughs:-

Ealing (by order of Coroner)	44	
Hounslow (by order of Coroner)	20	
		64
	TOTAL	<u>675</u>

No. of post-mortem examinations conducted:-

Hammersmith cases	606	
Ealing cases	44	
Hounslow cases	20	
Total Post-mortems		<u>670</u>

No. of inquests held:-

Hammersmith cases	91	
Ealing cases	52	
Hillingdon cases	58	
Hounslow cases	78	
Total Inquests held		<u>279</u>

National Assistance Act, 1948.

National Assistance (Amendment) Act, 1951

Removal to Hospital of Persons in Need of Care and Attention

Under the provisions of the above Acts, application may be made to a Court of Summary Jurisdiction for an Order for the compulsory removal to hospital of persons in need of proper care and attention.

It was found necessary to take action under these Acts for 3 persons in the Borough during the year. In all other cases it was possible to find a solution in other ways, usually by the family doctor and by providing ancillary services.

National Assistance Act, 1948 - Section 50

Burial or Cremation of the Dead

During the year 35 burials were carried out by the Council.

Public Baths and Wash-Houses

The Metropolitan Water Board supply is utilised for both baths and pool. The water is subjected to chlorination, alkali treatment and filtration with continuous circulation.

Samples of water were taken for analysis and all were reported satisfactory. In addition frequent checks are made by the staff at the baths, particularly during heavy bathing times.

The Public Baths and Wash-Houses in Lime Grove, Shepherds Bush and North End Road, Fulham provide facilities for bathing, swimming and laundry work. For bathing there are private hot baths or shower cubicles; and towels, soap, bath cubes and shampoos are supplied at small cost. There are concession rates for children, and for old age pensioners free baths on certain days. In the public wash-houses, fully automatic machinery is provided for washing and spin drying. There are also hand irons.

There are two swimming baths at Lime Grove and three at North End Road, only the smaller ones being open all the year round. The larger ones are available during the Summer months only as, during the Winter season, they are converted into public halls which may be hired for meetings, concerts, wrestling, or dances, and certain periods are set aside for badminton and indoor bowls.

There is an open air pool at Bloemfontein Road, Shepherds Bush, which, during the Summer months, provides facilities for swimming and sun bathing.

Staff Medical Examinations

The number of medical examinations carried out by the Senior and Assistant Medical Officers to ascertain the suitability of applicants for employment in the Council's service was 1,021. In addition 54 examinations of staff were undertaken at our three Children's Homes and 29 by other Boroughs. 76 applicants for extended sick pay and 4 for extended service were also examined. A total of 243 specialist reports were called for and received. In all, 10 candidates were found to be unsuitable for their proposed employment.

Evidence of recent satisfactory chest X-ray examination is required from all applicants. When this is not available this service is undertaken by the Chest Clinics under the special general practitioners' service, or use is made of the mass radiography service at the Western Hospital. 616 such examinations were performed at the Chest Clinics, 405 at the mass radiography unit, and 11 at hospitals outside London.

Tribute must be paid to the excellent co-operation of medical practitioners and hospital specialists without whose willing assistance our task would be much more difficult, if not impossible.

HEALTH SERVICES

PERSONAL HEALTH

Part I Health Services
Personal Health Service

Co-ordination and Co-operation of Services

Health Centres (National Health Service Act, 1946 – Section 21)

Maternity & Child Welfare (National Health Service Act, 1946 – Section 22)

Family Planning Sessions

Day Nurseries

Nursery & Child Minders' Regulation Act, 1948

Borough Child Minders' Scheme

Creches

Play Groups

Observation & Handicap Register

Scheme for Reporting Congenital Malformations

Domiciliary Midwifery (National Health Service Act, 1946 – Section 23)

Domiciliary Midwifery Service

Planned Early Discharge Scheme

Health Visitors (National Health Service Act, 1946 – Section 24)

Health Visiting

National Survey of Health & Development

Downview & Banstead Hospitals – Mother & Baby Unit Follow-Up

Survey of Childhood Cancers

Measles Vaccination Follow-Up

Home Nursing & Home Help Service (National Health Service Act, 1946 – Section 25)

Home Nursing

Home Bathing

Home Help Services

Vaccination & Immunisation (National Health Service Act, 1946 – Section 26)

Prevention of Illness, Care & After-Care (National Health Service Act, 1946 –
Cervical Cytology Section 28)

Tuberculosis

Fulham Chest Clinic Annual Report, 1966

Fulham Chest Clinic – Social Work

Fulham Chest Clinic – Summary of Statistics

Hammersmith Chest Clinic Annual Report, 1966

Hammersmith Chest Clinic – Attendances

Hammersmith Chest Clinic – Diagnostic Graph

West London Hospital, Martha & Luke Clinic Report, 1966

Hurlingham Lodge Hostel

Recuperative Holidays

Examination of Blind and Partially-Sighted Persons

Medical Arrangements for Long-Stay Immigrants

Chiropody

Staff

Domiciliary Chiropody

Loan of Home Nursing Equipment

Report on Family Casework for the Year 1966

Co-ordinating Committee

Co-operation with General Practitioners

Part I Health Services (contd.)

Mental Health Service
Referrals & Community Care
Training Centres for the Mentally Sub-Normal
College Park Training Centre
Training Centres Organised Holiday
Day Centre
Social Clubs
Expansion of the Mental Health Service
Hostel for the Mentally Disordered
Mental Health Statistics

School Health Service – Annual Report of the Principal School Medical Officer,
Inner London Education Authority (Hammersmith), on the School Health
Service for the year, 1966

Student Health Service

Health Education & Home Safety

Personal Health Service

In England and Wales the personal health services of the local health authorities i.e. the Councils of Counties and County Boroughs, are provided under Sections 21 to 29 of the National Health Service Act, 1946. A similar position obtains in the case of the London Borough Councils with the exception that Section 27, which deals with the provision of an ambulance service, is administered as one service throughout Greater London by the Greater London Council.

Co-ordination and Co-operation of Services

Co-ordination and co-operation of the local health authority's services with the hospital and family doctor services were furthered in several ways. There was consultation between the three services at Maternity Liaison and General Practitioner Liaison Committees. During the year general practitioners were invited to meetings on paediatrics and geriatrics at which consultants in the particular subjects were present; while through the courtesy of hospital consultants, lectures and discussions were arranged for full-time and sessional local authority medical officers. Medical students from one teaching hospital were received for instruction by clinic medical officers in the school health and personal health services. Over 900 visits to Borough establishments were also arranged for student nurses and students from other disciplines as part of their training; and the Principal Nursing Officer and her Deputy continued to give lectures at all nurse training schools in the area. The ways in which domiciliary staff co-operate with the other two branches of the health service are described in the following paragraphs on particular services.

Health Centres (National Health Service Act, 1946 – Section 21)

The National Health Service Act, 1946, made it a duty which for various reasons has not been insisted upon, for every local health authority to provide, equip, and maintain to the satisfaction of the Minister premises which shall be called "Health Centres" at which facilities shall be available for all or any of the following purposes:—

general medical, dental or pharmaceutical services, services of the local health authority, services of specialists and health education, and "A Local Health Authority shall to the satisfaction of the Minister provide staff for any Health Centre provided by them".

In July, 1965, the Ministry of Health asked for information on the Council's long-term plans for the development of the Health and Welfare Services. The period for which information was required was the 10 years from 1st April, 1966, to 31st March, 1976; and in addition information in the year (1965/66) was requested. It was therefore essential to forecast the demands and needs of the various services to decide how they could best be met in the future.

It was felt that the needs of the Borough would best be served by creating Health Centres for the practice of preventive medicine and for the promotion of the mental and physical health of the family. These Centres would provide all or most of the following:—

- Accommodation for General Practitioners
- Maternity and Child Welfare facilities
- School Treatment Centre
- Information/Advice Centre
- Additional special clinics as necessary, e.g. Geriatric/Chiropody

There are obvious advantages to both public and staff in having these services in one building; and it is interesting to note that having reached this decision independently at an early stage the London Borough of Wandsworth has, through the London Boroughs Committee, urged other Boroughs to create Health Centres.

The London Borough of Hammersmith was fortunate in inheriting from the Metropolitan Borough of Hammersmith a scheme for the provision of group practice premises in association with housing redevelopment. Advantage was taken of the Council's new powers as a local health authority to adapt the scheme in consultation with the Ministry of Health, the Inner London Executive Council, the Local Medical Committee and local general practitioners, as a Health Centre in keeping with the modern trend for the joint use of smaller-type premises. General practitioners have now been appointed to the Health Centre and final approval from the Ministry has been received. In view of the small site the local authority services to be provided will be restricted to those essential to the area. The scheme will be of the utmost value as a pilot project carried out in association with a teaching practice.

Nine Health Centres are included in the 10-Year programme and they will be spread throughout the Borough as evenly as possible to serve an average estimated population of 20,000 the one exception being the Wood Lane Centre, (estimated population 9,000).

Maternity and Child Welfare (National Health Service Act, 1946 - Section 22)

There are 8 Maternity and Child Welfare Centres in the Borough as shown below providing between them the following services:-

WELFARE CENTRE

Becklow Gardens,
Becklow Gardens, W.12.

Burne Jones,
North End Road, W.14.

Glenthorne Road,
48 Glenthorne Road, W.6.

Greyhound Road,
90/92 Greyhound Road, W.6.

Milson Road,
1/3 Milson Road, W.14.

Parsons Green,
5/7 Parsons Green, S.W.6.

Wandsworth Bridge Road,
170 Wandsworth Bridge Road,
S.W.6.

Westway,
The Curve, W.12.

SERVICES

Ante-natal
Cytology
Creches
Dental
Family Planning
Infant Welfare
Mothers' Club
Mothercraft
Parentcraft
Relaxation
Vaccination and
Immunisation.

Attendances at the Maternity and Child Welfare Clinics of children up to 5 years of age totalled 47,039 (48,906).

Family Planning Sessions

Advice on Family Planning for married women for whom further pregnancy would be detrimental to health, is provided at Parsons Green, Glenthorne Road, Greyhound Road and Westway Maternity and Child Welfare Centres. 1,964 attendances were made during the year (1,454).

Day Nurseries

There are seven day nurseries in the Borough which provided a total of 373 places for children. Latimer Day Nursery moved from its old premises in the Mission Hall in Blechynden Street to new premises in Latimer Road where it was possible to offer more places for children.

The work of the special unit for mentally handicapped children attached to one of the day nurseries continued.

Day nursery accommodation was improved by the completion of a new building for Latimer Day Nursery, and by structural alterations at Grove House Day Nursery. As a result of the work carried out at the latter establishment, the number of places in the special unit for severely sub-normal children was increased from 6 to 9. Places were made available for young children so that assistance might be given in dealing with social problems arising from medical treatment by general practitioners and hospitals.

Nursery and Child-Minders Regulation Act, 1948

At 31 December, 1966, there were 21 child-minders registered under the above Act to care for a total of 104 children, excluding their own. There were also 5 premises registered under the Act for the reception of 82 children.

Borough Child Minders' Scheme

The Borough's Scheme provides for the approval of minders giving daily care in their own homes to not more than two children from different households. Minders so approved may claim a fee of 6s.0d. a week. At 31 December, 1966, 45 minders were receiving this fee; they were then minding 65 children.

Creches

On 2 July a creche was provided at Greyhound Road Maternity and Child Welfare Centre in addition to the two existing creches at Glenthorne Road and at St. Dunstan's School Treatment Centre. Initially it was open for one session a week, but, as the demand increased, the number of weekly sessions also increased to three from 24 October 1966. This service is a way in which the local authority co-operates with hospitals by allowing free attendance at a creche while a mother keeps a hospital appointment.

Play-groups.

Mothers of young children showed considerable interest in the setting-up of playgroups for children from 3-5 years of age, with a view to providing supervised and constructive corporate activities for them. There were three such groups by the end of the year. The persons responsible for the groups were visited and advised about the conduct of the groups, and the health visitors were in frequent touch with them.

Observation and Handicap Register

Babies are considered to be at risk of developing handicaps if they are adversely affected during pregnancy, labour or the lying-in period (puerperium), and the names of such children are entered in the observation register. This register is scrutinised at regular intervals by a senior medical officer so that the child's progress and development may be kept under review. Should a handicap become evident the child's name is transferred to the handicap register.

The purpose of the observation and handicap register is to ensure that a handicapped child receives appropriate care, treatment, training and education.

Observation Register

1072 cases born in 1966 were notified, of whom at 31st. December, 4 had been transferred to the handicap register.

Handicap Register

The table below is an analysis of notifications in 1966 and relates to children born in that year. 37 cases were placed on the register in 1966, of whom 4 had been transferred from the observation register, and 13 had been notified through the scheme for reporting congenital malformations. 10 were subsequently removed from the register due to change of address or death.

Mongol	6
Hydrocephalus	1
Mental Retardation	1
Brain damage (Spastic)	1
Spina Bifida	6
Congenital Disease of the Heart	11
Fibrocystic Disease of Pancreas	1
Hirschsprungs Disease	1
Cleft Palate	4
Talipes	4
Cataract	1

In addition to the aforementioned 37 children, the names of 11 children born in 1965, whose handicaps were not apparent in that year, were added to the handicap register in 1966. The total number on the handicap register at the end of 1966 was 248.

Scheme for Reporting Congenital Malformations

The scheme rests on information being sent to the Medical Officer of Health by the doctor or midwife notifying a birth, as required by Section 203, Public Health Act, 1936, of any malformation of the child observable at birth. The Medical Officer of Health is required to return to the General Register Office a standard form for every child living in his area in whose case he has received information of a malformation observed at birth. The scheme worked successfully in 1966 when 61 cases were notified. Of this number 37 were mild and remediable, e.g. vestigial digits, or mild talipes. 8 died soon after birth. Details of the remaining cases were as follows:-

Stillbirths

- 2 cases of anencephaly
- 1 case of pulmonary hypoplasia

Live Births

- 2 cases of talipes
- 2 cases of mongolism
- 4 cases of spina bifida
- 3 cases of cleft palate
- 2 cases of congenital heart disease

The above 13 children are all under the care of hospitals and their names are on the Borough's register of handicapped children.

Domiciliary Midwifery (National Health Service Act, 1946 – Section 23)

The Borough's domiciliary midwifery service was extended in July to co-incide with the end of the arrangement by which, up to that time, district midwives from Queen Charlotte's Hospital had attended domiciliary confinements in the North of the Borough. Thus the Borough midwives undertook all the domiciliary confinements throughout the whole area. This service co-operated with the family doctor service through arrangements by which general practitioner obstetricians saw their booked patients in Borough clinics with Borough midwives in attendance, whilst the midwives attended similar sessions in the doctors' own surgeries.

Planned Early Discharge Scheme.

At the same time the planned early discharge scheme was extended to provide for the discharge, to the care of midwives and general practitioners in the North of the Borough, of up to six patients a month from Queen Charlotte's Hospital. This brought to 32 the total number of patients who could be looked after under the scheme, as follows:

<u>Date:</u>	<u>Discharged from:</u>	<u>Discharged to:</u>	<u>Number discharged:</u>
1.4.65.	Hammersmith Hospital	Area North of Goldhawk Road.	12 per month.
1.4.65.	St. Mary Abbot's Hospital	Area South of Goldhawk Road.	4 per month.
Sept. 1965.	Princess Beatrice Hospital	Area South of Goldhawk Road.	2 per month.
Sept. 1965.	St. Stephens Hospital	Area South of Goldhawk Road.	2 per month.
Sept. 1965.	Queen Charlotte's Hospital	Area South of Goldhawk Road.	6 per month.
July, 1966.	Queen Charlotte's Hospital	Area North of Goldhawk Road.	6 per month.
Total			<u>32</u>

Health Visitors (National Health Service Act, 1946 – Section 24)

Health Visitors, midwives and home nurses continued to work in close co-operation with general practitioners in the area, the midwives attending ante-natal clinics held in the surgeries of some general practitioner-obstetricians.

As in previous years the health visitors' work included health teaching, parentcraft and discussion groups and they prepared students in a number of schools in the area for the Junior Red Cross course.

The Nursing Officers arranged visits to establishments for some 800 students and other persons, including visitors from abroad. These not only gave the visitors an insight into the services provided by the Borough but helped them to a better understanding of the way in which the services of the local authority complement those of the other branches of the National Health Service.

Health Visiting

Medical Officers, health visitors and home nurses attended hospitals in the Borough to discuss with paediatricians, geriatricians and medical social workers, the background, care and after-care of patients known to them. In addition, four health visitors co-operated with general practitioners by attending well-baby sessions at their surgeries, and by following up cases as necessary. Health visitors continued to undertake work in connection with the following studies in which the Borough's co-operation was requested by hospitals and research organisations:-

- a. The National Survey of Health and Development
The organisers attempted to maintain postal contact with the young people in this Survey and only when postal enquiries remained unanswered were health visitors asked to visit. Consequently the seven interviews which health visitors were asked to undertake were more difficult ones and, in some cases, several visits were made in attempting to complete the questionnaires.
- b. Downview and Banstead Hospitals – Mother and Baby Unit Follow-up
This was the third year of the 10-year Survey into the long-term results of the work of the Hospital's Mother and Baby Unit which provided treatment for mothers who had had schizophrenic illnesses after childbirth. Health visitors completed questionnaires for four mothers and for each member of their families. They also selected a suitable control family for each case. The control family lived in similar accommodation in the same area with the same number of children, and was of the same social status as the patient's family. Questionnaires were completed for the members of each control family.
- c. Survey of Childhood Cancers
Co-operation continued with the Department of Social Medicine of Oxford University in its investigation into fatal diseases of childhood in an attempt to discover their causes. In 1966 health visitors called on two mothers to obtain their consent to interviews by a medical officer. In the first case the child had died, whilst in the second the mother had a healthy "Control" child of the same age and sex.
- d. Measles Vaccination Follow-up
In 1966 the Medical Research Council conducted a postal follow-up of the children vaccinated against measles in the Autumn of 1964, and of children in the "Control" group; and health visitors were asked to visit a sample of those parents who failed to return forms. About 85% of parents completed forms sent out by post, and health visitors followed up 12 children whose parents failed to return forms.

Home Nursing & Home Help Service, (National Health Service Act, 1946 – Section 25)

The Home Nurses and the Home Help Service worked in close co-operation with general practitioners to relieve pressure on hospital beds by enabling persons to be looked after in their own homes.

Home Nursing

The work of the Home Nurses during the year has proceeded without any serious increase of patients due to epidemic illnesses, and 106,567 visits were made (110,615). As in previous years, much time is spent among the aged, many of whom are entirely bedridden and need prolonged care.

Present-day rehabilitation teaching has helped many patients to become a little more independent, and encouraged their limited ability to help themselves. Disposable equipment is being made available to the nursing staff, thus making it possible to give a more efficient and satisfactory service.

8 Student district nurses have received district training and have successfully passed the examination.

Home Bathing

Since 1953 there has been a home-bathing service in the area of the former Metropolitan Borough of Fulham. Home bathers visit elderly housebound persons who are infirm but not ill, and carry out simple pedicures/manicures/hair washes and bathe them, thus relieving pressure on the home nurses. From 1 April this service was extended to the Northern part of the Borough.

Home Help Services

This service is run from two offices in the Borough, each of which has an Organiser with appropriate supporting staff. The Southern area is served from 2-6 Fulham Broadway, S.W.6. and the Northern from 48 Glenthorne Road, W.6.

The demand on the service continue to grow, and the principal difficulty is the shortage of suitable Home Helps. This shortage is particularly acute in London, because wage rates for Home Helps are lower than those in comparable employment. On the other hand, the Home Helps feel that they belong to a service which is helping the community, and they also have a keen sense of responsibility towards the persons they visit.

Number of cases receiving service at end of year = 1829 (1840).

Vaccination & Immunisation (National Health Service Act, 1946 - Section 26)

The following tables show details of the numbers of persons protected against diphtheria, tetanus, whooping cough, smallpox and poliomyelitis during 1966.

TABLE 1

Diphtheria Immunisation

Primary Course

born in 1966	1708
born in 1965/63	1649
born in 1962/59	287
born in 1958/1	150
Total:	3794

Given by:-

Borough Medical Officers	3041
General Practitioners	753

Reinforcing doses

Diphtheria

Tetanus

Pertussis

	1966	1965-63	1962-59	1958-51	Total
Diphtheria	3	2490	1569	788	4850
Tetanus	3	2485	1540	606	4634
Pertussis		2190	163	12	2365

TABLE 2

The number of children referred to in Table 1 who received multiple antigens is as follows:-

Primary

Diphtheria/Pertussis

Diphtheria/Pertussis/Tetanus

Diphtheria/Tetanus

	1966	1965-63	1962-59	1958-51	Total
Diphtheria/Pertussis	-	-	-	-	-
Diphtheria/Pertussis/Tetanus	1576	1441	30	11	3058
Diphtheria/Tetanus	131	175	251	136	693

Given by:-

Borough Medical Officers 3037

General Practitioners 714

Grand Total ... 3751

TABLE 3

SmallpoxPrimary Vaccination

Under 1 year	99
1 year	1359
2-4 years	734
5-15 years	112
Total	<u>2304</u>

Given by:-

Borough Medical Officers	1753
General Practitioners	551

Re-Vaccinations

2-4 years	18
5-15 years	66
Total	<u>84</u>

Given by:-

Borough Medical Officers	63
General Practitioners	21

TABLE 4

PoliomyelitisPrimary Vaccinations

1966	1965-63	1962-59	1958-51	Total
855	2513	419	212	3999

Given by:-

Borough Medical Officers	3443
General Practitioners	556

Re-inforcing doses

1965-63	1962-59	1958-51	Total
29	1224	369	1622

Given by:-

Borough Medical Officers	1474
General Practitioners	148

An evening immunisation clinic is held on the second and fourth Tuesdays of each month at St. Dunstan's School Treatment Centre, St. Dunstan's Road, W.6. at which adults referred from hospitals may complete immunisation courses against tetanus. Adults and children may also receive protection against poliomyelitis.

In 1966, 212 persons completed immunisation against tetanus and 31 against poliomyelitis.

Cervical cytology

A clinic for cytological screening for cervical cancer was set up in the Borough where up to 15 women were seen at each weekly session and, in addition, cytological smears were taken at Family Planning Clinics. This service was limited by the laboratory facilities available for the examination of smears, but it is hoped to provide more clinics as soon as a greater number of smears can be examined.

Tuberculosis

I am indebted to Dr. H.C. Price and Dr. P. Stradling for the following reports:

Fulham Chest Clinic Annual Report, 1966.

From an epidemiological point of view, the present position of tuberculosis in the Southern half of the Borough remains unchanged. This underlines the fact that the battle against the tubercle bacilli is still not won. The increase in mobility of the population with the introduction of fresh ethnic groups with very varied socio-economic backgrounds and uneven previous contact with the tubercle bacilli increases the problem.

The number of new pulmonary cases notified shows no significant change, and the fall in the non-pulmonary continues, in spite of the fact that many of the new residents in the Borough come from areas where the milk is unpasteurised. The number of domiciliary calls made by the clinic staff indicates that the number of problems arising shows no signs of reduction – this in spite of reduced health-visitor staff.

The trend for the disease to appear in the later age groups and for deaths to occur mainly in the 56 – 65 age groups continued as in previous years, although for the first time for several years a case was notified under 6 years of age in both sexes.

The non-tuberculous work in general medicine with a bias towards cardio-respiratory disease continues, in spite of interference caused by building work taking place on the inpatient unit. The social effects of chronic non-tuberculous respiratory disease is in many cases just as severe as the effects on tuberculous patients during the pre-therapeutic era. Unfortunately, the welfare arrangements officially available for such patients fall far behind those provided for the tuberculous.

The rapidly changing socio-economic situation taken in conjunction with the reduction in the respect that tuberculosis used to exact as the Captain of the Men of Death should spur all those concerned with this scourge to greater efforts towards its final eradication. The fall-off in popular fear of this disease has given rise to a feeling of false security based on the mistaken conception of the power of modern drugs resulting in an increased unwillingness to attend follow-up clinics; tracing contacts is thus more difficult. This problem is intensified by the archaic communication system in the Health Service.

A more comprehensive community health information system is now an urgent necessity for the sort of epidemiological work now done in many chest clinics. To attain such a system the exploitation of the power of computers rapidly to sort, collate and recall relevant socio-medical data is an essential tool. A Feasibility Study to explore the possibility of setting up such a system is now starting in Hammersmith and Kensington.

Social Work

A close liaison has been established between the medical (health visitor) and social-work aspects of the work at the clinic. A more satisfactory number of chest patients were rehoused, but unfortunately those who went to live at the new Townmead Estate found this low-lying and air polluted area unfavourable and asked for transfers. The co-operation of the Housing Department has been appreciated in this matter.

The problem of the chronic sick, especially the bronchitic, still gives rise to much concern. They do not receive as much statutory help as the T.B. patient, and yet are often more handicapped; nor do they qualify as easily for rehousing, yet are living in damp conditions on upper floors.

The Samaritan Fund has, as usual, helped with crises of rent arrears, clothing, fares for holidays, and small grants for patients obviously in need in other ways.

Recuperative holidays have also been arranged in conjunction with the Health Department and the extra nourishment scheme for needy tuberculous patients has been administered. Needy patients of all categories have been further helped, either by activating the statutory services, or by requesting help for them from voluntary organisations.

Hugh C. Price, M.R.C.S., L.R.C.P., D.P.H.
Consultant Chest Physician.

FULHAM CHEST CLINIC - SUMMARY OF STATISTICS FOR ANNUAL REPORT, 1966

No. of NEW PATIENTS attending -

Non-Tuberculous Chest Cases	153
New contacts of Notified Cases	96
New Notifications transferred in	41

No. of CLINIC ATTENDANCES -

Notified cases of Tuberculosis	820
Contacts of cases of Tuberculosis	1,135
Other Chest Diseases	972
Total	<u>2,927</u>

No. of NEW NOTIFICATIONS OF TUBERCULOSIS in Fulham -

Pulmonary	42
Non-Pulmonary	6

No. of DEATHS -

Pulmonary	30
Non-Pulmonary	1

No. Taken off Tuberculosis Register as CURED -

Pulmonary	219
Non-Pulmonary	11

No. of VISITS by the Chest Physician	20
No. of VISITS by the Health Visitors	1,187
No. of PATIENTS x-rayed	1,938
No. of B.C.G. Vaccinations	182

No. of NOTIFIED CASES OF TUBERCULOSIS ON REGISTER

at 31.12.1966	630
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Also see Tables 3, 4 and 5, Page 107.

NEW NOTIFICATIONS IN AGE GROUPS

	<u>Male</u>	<u>Female</u>
Under 1 year	—	—
1 — 5	1	1
6 — 15	—	—
16 — 25	2	7
26 — 35	4	6
36 — 45	5	2
46 — 55	3	4
56 — 65	7	1
Over 65 years	3	2
Totals	<u>25</u>	<u>23</u>

DEATHS IN AGE GROUPS

	<u>Male</u>	<u>Female</u>
16 — 25	1	—
36 — 45	2	—
46 — 55	2	—
56 — 65	13	3
66 — 75	5	—
Over 75	4	1
Totals	<u>27</u>	<u>4</u>

Hammersmith Chest Clinic Annual Report, 1966.

The volume of work at the Chest Clinic remains very similar to that in previous years with a total of 22,818 patient attendances. The three major respiratory disorders, chronic bronchitis, carcinoma of the bronchus, and tuberculosis, account for the majority of attendances; but in addition, a considerable and increasing variety of other respiratory disorders are being treated at the Clinic. For the first time the number of new patients suffering from lung cancer has exceeded those with tuberculosis.

Efforts are constantly being made to improve the administration and techniques employed at the Clinic, and thus increase the overall efficiency in the treatment of patients, particularly out-patients. Pioneer work has, and is being, carried out in the use of intermittent outpatient drug regimes for treating tuberculosis: much preliminary information has already been published.

Work is also being performed in the field of bronchoscopy. Efforts here include attempts to improve the visualisation of the bronchial tree, and in collaboration with the department of cytology, to recover secretions from it more efficiently, especially for cytological examination. Not least, considerable advances are being made in the photography of bronchoscopic appearances. This provides permanent records for comparison and greatly assists in teaching. The weekly bronchoscopy list, moreover, is the main routine session for the whole hospital: 248 bronchoscopies were carried out in 1966.

Constant consideration is given to methods for increasing the efficiency and usefulness of the X-ray Service for General Practitioners. Results of detailed analyses of various facets of this service have already been published. Work has also been published on the successful conservative management of Spontaneous Pneumothorax, which should encourage wider adoption of simpler methods of treatment.

Long-term data about carcinoma of the bronchus is being collected in the hope that useful information may give some guidance to better management. By far the most important contribution towards the abolition of the grave disorder, however, would be the prevention of cigarette smoking. Campaigns should be initiated to show that smoking is socially undesirable, and that those who smoke are impaired in health, performance and attractiveness, contrary to the manufacturer's advertisements.

Important aspects of the Chest Clinic Service offered to the patients and their doctors are the busy, integral radiographic unit; the essential help given to some patients by the Medical Social Worker; and the Health Visitors' invaluable contributions to the co-ordination of out-patient treatment and to preventive measures.

It is notable that, in the last year, integration with the Postgraduate Medical School has become much closer. In particular, regular exchange visits between the Chest Clinic and the Respiratory Unit of Dr. Fletcher and Dr. Campbell have been established. It seems inevitable that this close co-operation will prove advantageous to patients, the Hospital, and the Postgraduate Medical School alike.

Previous reports have drawn attention to the serious inadequacy of the Chest Clinic accommodation and there has been no alleviation of this chronic and disabling situation. Evidence of these deficiencies is constantly appearing, both from members of the public served by the Clinic, and from visitors. Recently, two applicants for a clerical post withdrew because of the conditions in which they would be expected to work.

It is most pleasing to report the continued cordial atmosphere existing among members of the Clinic staff. The spirit of interested co-operation between nurses, health visitors, social worker, radiographers, clerical staff and doctors has done much to minimise the serious inadequacies of accommodation. This "Team spirit" is undoubtedly a most significant factor in maintaining the efficiency of the Clinic.

Peter Stradling, M.D., F.R.C.P.
Director.

HAMMERSMITH CHEST CLINIC

New patient attendances:

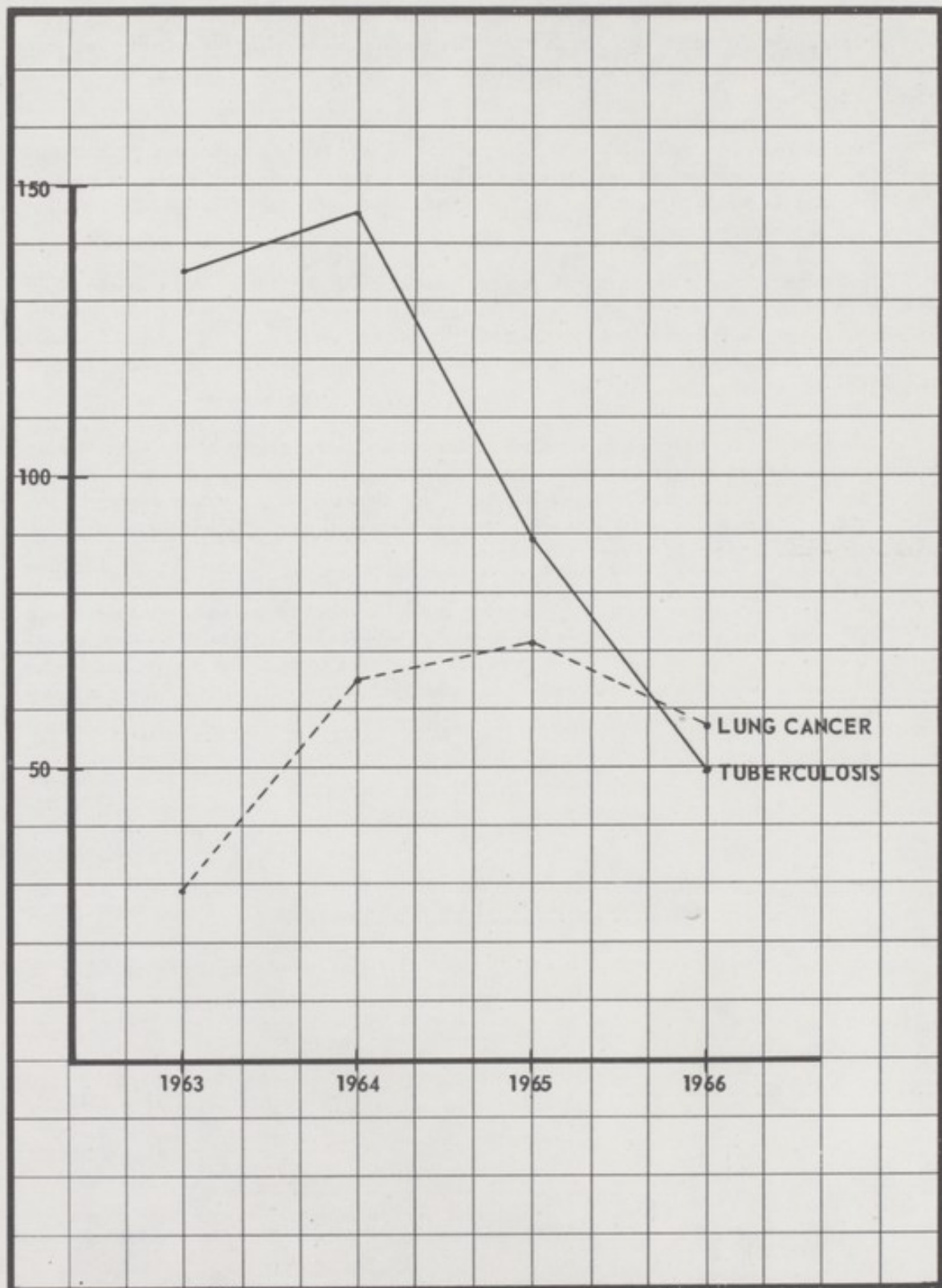
1966:	...	...	...	...	...	1,029
1965:	...	...	...	...	...	960
1964:	...	...	...	...	...	958
1963:	...	...	...	...	...	910
1962:	...	...	...	...	...	781

Total other attendances:

1966:	...	...	...	...	...	21,789
1965:	...	...	...	...	...	25,116
1964:	...	...	...	...	...	19,636
1963:	...	...	...	...	...	19,443
1962:	...	...	...	...	...	19,026

HAMMERSMITH CHEST CLINIC

NEW CASES OF TUBERCULOSIS AND LUNG CANCER
DIAGNOSED AT HAMMERSMITH CHEST CLINIC
1963 - 1966.



See also Tables 6 and 7, Page 108.

West London Hospital – Martha & Luke Clinic Report, 1966

I am most grateful to the Director of the Special Clinic, Dr. J.L. Fluker, for his report which appears below:—

During the year 1966 the total number of new cases rose from 6312 in 1965 to 6824. There was a slight decline in the total number of cases of syphilis seen, from 196 to 162, but this may have been more apparent than real, as more cases of latent yaws were diagnosed and it is often impossible to be absolutely certain with which disease one is dealing, as the blood reactions for both are the same. There was no significant difference in the number of cases of early syphilis which, of course, is the most important from the point of view of the public health. Of these, there were 127 cases in 1966. There is reason to believe that there is a good deal of undetected early syphilis in this area, a large amount of it among homosexuals, and it is hoped that now the Bill before Parliament has been passed on homosexuality it may be easier to persuade some of these people to attend, and with this in view we have obtained the co-operation of the Albany Trust. Although the numbers in proportion to the total are still low, there is no cause for complacency.

There was a sharp increase in the amount of gonorrhoea, which rose from 1391 to 1626. The incidence in male West Indians fell from 20.8% of the total to 19.6%, although their actual numbers increased. This is a phenomenon which is happening throughout the whole country and is due to a faster-rising incidence of the disease amongst U.K. born subjects. Approximately one quarter of the female cases of gonorrhoea were in girls under the age of 20. There were 11 patients under the age of 16. See Table 16, Page 121.

The great bulk of our patients, 5005 last year, were due to other non-venereal conditions, of which there are a large number – many of them, but not all of them of course, sexually transmitted. In males, the commonest of such conditions is non-gonococcal urethritis, of which there were over 1192 cases. In females Trichomoniasis and Candidiasis were very prominent; but there were all sorts of other conditions, including skins, gynaecological conditions, psychiatric troubles, disorders of sex and sexual function, and of course many people who thought that they had taken a risk, and who came up for test, but had nothing wrong with them. We also get quite a number of patients, particularly young males, who wish to have an explanation of the facts of life. Again, there are many who come for contraceptive advice, so that really we are now offering an advisory service, not only upon sexual infections, but on all disorders of sex. It is, we feel, very important that the term "Venereal" be used as little as possible, because, although it is entirely illogical, many people feel unclean, if they have a venereal disease such as gonorrhoea; but if it is only an infection – like urethritis, then it is quite respectable. Apparently the mode of acquisition of the complaint is immaterial! We are anxious to make the service widely available, and as broad as possible; and, therefore, anything which may discourage patients from coming is to be deprecated.

During the year 1967, there has been a further large increase, the main feature of which has been a sharp rise in the incidence of gonorrhoea, with an increasing proportion of resistant cases. The outlook is not at all encouraging, and every effort should be made, particularly in schools, to provide the public with some facts about this group of infections, which they so sadly lack. If this is not done, despite its immediate success, the large campaign mounted in Hammersmith, at the end of 1966, will have to be judged an ultimate failure.

J.L. FLUKER,
DIRECTOR.
SPECIAL CLINIC.

Hurlingham Lodge Hostel

Hurlingham Lodge is a hostel for ambulant, homeless, infective, tuberculous men, one of three similar establishments in the former County of London, the others being in the London Boroughs of Islington and Lambeth.

In common with the other two hostels, Hurlingham Lodge provides accommodation for those who do not require nursing. The intention is to give the resident a sense of security in having a home with regular good meals, laundry, and sympathetic companionship. The community derives advantages from segregating, as far as practicable, these infective tuberculous persons from the dangers of close and frequent contact with susceptible individuals.

Residents who are fit to work are encouraged to find employment through the Disablement Resettlement Officer of the Local Office of the Ministry of Labour. Residents are also encouraged to be on the list of a local general practitioner, who visits the hostel regularly and is available in the ordinary way. He is also expected to maintain health surveillance of the staff.

Recommendations for admission are received from Chest Physicians of Chest Clinics in the London Boroughs, and from hospitals in and outside London. The Medical Officer of Health of the Borough in which the patient was formerly resident is asked to accept financial responsibility, and residents are asked to contribute towards their maintenance according to their means. Admissions are arranged as and when vacancies occur.

The condition of residents is reviewed periodically to establish the need for continued residence.

There is accommodation for 28 residents at the Hostel. At the end of 1966 there was one man awaiting admission, and at the end of 1965 there were three men awaiting admission.

Recuperative Holidays

Recuperative holidays in which the emphasis is on rest, good food and fresh air, are provided for adults, including expectant and nursing mothers and children. Arrangements for such holidays for school children are normally made by the Medical Adviser to the Inner London Education Authority, usually at one of the Authority's holiday homes. The holidays are provided on medical recommendations which are subject to approval by the Medical Officer of Health. The following table summarises the arrangements made during the year, (figures for 1965 in brackets):

Type of Case	Admitted to Homes during 1966	Being dealt with at end of 1966
Expectant and Nursing Mothers	5 (3)	2 (—)
Other adults including tuberculous persons	64 (93)	3 (2)
Psychiatric cases	9 (10)	1 (—)
Accompanied children	25 (33)	4 (—)
Unaccompanied children, (placed by I.L.E.A.)	144 (129)	5 (13)
Totals for the year:	<u>247</u> (268)	<u>15</u> (15)

Examination of Blind and Partially-Sighted Persons

Arrangements were made for the domiciliary examination and re-examination of persons with a view to their inclusion on the Register of the Blind and Partially-Sighted kept by the Borough's Welfare Services. Inclusion on the Register entitles a person to extra benefits from the Ministry of Social Security, and to the full range of services provided by the Welfare Services. During 1966 the examinations were carried out by the following Consultant Ophthalmologists: Dr. Joan Haythorne, to June, 1966; and thereafter by Miss J.M. Dollan, F.R.C.S.

In addition, certificates are accepted from other local authorities, hospitals and private ophthalmologists, and fees paid where appropriate.

The following are details of work carried out during the year, (figures for 1965 in brackets):

No. of domiciliary examinations during the year	58	(27)
No. of domiciliary re-examinations during the year	65	(21)
No. of certificates accepted from other local authorities, hospitals and private ophthalmologists ...	48	(2)

Medical Arrangements for Long-stay Immigrants

Advice of arrival of long-stay immigrants is received from ports and airports. Health visitors then get in touch with them, give them information about the Health Services, persuade them to register themselves and their dependents with general medical practitioners, and have chest X-rays where these are appropriate. The following figures relate to the year 1966, (figures for 1965 in brackets):

Country where passport was issued	Immigrants notified	VISITS		Total
		Successful	Unsuccessful	
Commonwealth countries	575 (715)	308 (429)	419 (471)	727 (900)
Non-Commonwealth countries	37 (82)	27 (62)	5 (26)	32 (88)
Totals	<u>612 (797)</u>	<u>335 (491)</u>	<u>424 (497)</u>	<u>*759 (988)</u>

*More than one visit is necessary in some cases.

Chiropody.

The demands on this service have continued to increase and in June, 1966, a new Clinic opened at 219 Hammersmith Road. Most of the Clinics are restricted to the use of priority classes which are:-

- (1) Elderly persons, (2) Physically handicapped, and (3) Expectant mothers.

Only those Clinics which were in operation before 5.7.48 can accept non-priority persons for treatment. During the year the service given to residents of Welfare Homes was integrated with the service provided at Clinics.

Staff.

18 chiropodists are employed, 6 full-time and 12 sessional, (including 2 Domiciliary Chiropodists), under the direction of the Chief Chiropodist.

<u>Clinics.</u>	<u>No. of Sessions per week.</u>
18 Bagley's Lane, S.W.6.*	11
Bishop Creighton House, Lillie Road, S.W.6.	3
52 New Kings Road, S.W.6. (B.R.C.S.)	4
2/6 Fulham Broadway, S.W.6.	10
706 Fulham Road, S.W.6.*	14
48 Glenthorne Road, W.6.*	8
219 Hammersmith Road, W.6.	9
St. Dunstan's S.T.C., Captain Marryat School, W.6.*	10
207 Westway, W.12.	5

*Clinics which were in operation before 5.7.48 at which non-priority persons can be accepted for treatment.

The total number of treatments carried out at Clinics during the year was 23,098, (22,917), and at Welfare Homes was 864.

Domiciliary Chiropody.

This service is for house-bound persons, usually elderly, and is greatly appreciated. One Domiciliary Chiropodist works in the Northern and the other in the Southern part of the Borough; and between them they gave 1584, (1828), domiciliary treatments in the year.

Loan of Home Nursing Equipment.

The demand for equipment on loan to people being nursed at home has again shown an increase. Requests are received from hospitals, general practitioners, district nurses, and from the Council's social workers. The items most needed are commodes, wheelchairs, walking aids, and lifting devices.

There has also been a heavy demand for incontinence pads, which are available to all those to whom they can be of benefit. They are supplied in accordance with Ministry of Health Circulars 14/63 and 14/66. Protective garments with disposable linings have also been available for incontinent persons not confined to bed.

Issues made in the year 1966 were:-

Commodes	... ..	163
Wheelchairs	... ..	88
Penryn hoists	... ..	22
Tripod sticks	... ..	16
Fracture boards	... ..	14
Walking Aids	... ..	9
Easi-carri Hoists	... ..	5
Incontinence Pads, Pants, etc.	... ..	168 deliveries.

Report on Family Casework for the year 1966

Families already receiving casework help on 1.1.66	24	} 52
Families taken on for casework help during 1966	... ..	28
Families still receiving casework help on 31.12.66	... ..	40

Cases closed during 1966

Satisfactory - no further need for casework help	... ..	6
Unable to benefit from casework help...	... ..	2
Left district	... ..	3
Transferred to another service when caseworker resigned	... ..	<u>1</u>
		<u>12</u>

Casework help available during 1966

For the first 6 months:

1 full-time caseworker and 2 part-time caseworkers each giving approximately $\frac{1}{4}$ of a working week = equivalent of $1\frac{1}{2}$ caseworkers.

For the second 6 months:

2 full-time caseworkers plus 2 part-time caseworkers, one giving approximately $\frac{1}{4}$ and one approximately $\frac{1}{2}$ of a working week = equivalent of $2\frac{3}{4}$ caseworkers.

Approved caseload 10 - 15 families. Average caseload 14.5.

Families referred by:

Education Department Divisional School Care Organiser	7
Probation Officers	3
N.S.P.C.C.	1
Housing Association	1
Ministry of Labour	1
Child Guidance Clinic	1
	<u>14</u>

Other officers of the Borough

Principal Nursing Officer	12
Principal Mental Health Social Worker	1
School Medical Officer	1
	<u>14</u>

Among the problems of these families were: debt, marital difficulties, difficulties between parents and children, poor school attendance, inability to co-operate with authority, low general standards, inability to budget, poor health and low mentality. Eleven of the families were from overseas countries and had considerable difficulty in adapting themselves to different cultural patterns. Sixteen of the families were living below the supplementary benefit standard, and ten of these had five children or more.

Co-ordinating Committee

Four meetings of this committee, (on which the Inner London Education Authority, the Greater London Council and the Ministry of Social Security are represented in addition to the Health, Housing, and Social Services of the Borough,) were held during the year at which the subjects considered included:-

Methods of guaranteeing rent

Accommodation for inadequately housed families

Rehousing on social grounds

Rehousing where children are in the care of the Borough but the parents are resident elsewhere

Arrangements with Voluntary Housing Associations

Co-operation between Housing Departments and Social Services over families in arrears of rent

The establishment of a Family Advice Centre

The need for adequate accommodation for seriously disturbed adolescents

The Circular from the Ministries of Health, Housing and Local Government on Homelessness.

A representative of the London Electricity Board was invited to one meeting for an informal discussion on matters of mutual concern, i.e., the methods of dealing with outstanding accounts, pre-payment meters, appliances for the elderly. This was found to be helpful to all and better co-operation between the Social Services of the Borough and the London Electricity Board has resulted.

The Childrens' Officer reported on 30 cases of children referred to her as neglected, beyond control, in moral danger, or in need of care and protection; and the Senior Social Worker (Health Services) on 103 Case Conferences held during the year.

Co-operation with General Practitioners

By a long-standing arrangement, a General Practitioner in the Borough is notified whenever a school child on his list is referred by a School Medical Officer for specialist opinion. If they wish to make their own arrangements for this, the parents are asked to take the child to see him. If they prefer, the School Health Service makes the necessary arrangements for hospital or clinic appointment, and the results are subsequently reported to both the General Practitioner and the School Medical Officer.

During 1966, 501 school children were recommended for specialist opinion, and 472 of these were referred through the School Health Service, for opinion and/or treatment to the appropriate hospitals or clinics. The General Practitioners preferred to make their own arrangements for the remaining 29 children.

Mental Health Services.

Referrals and Community Care.

During the year ended 31 December 1966, the steady increase in the work of the department in the previous year was maintained, the number of cases referred having increased from 76 in the month of January 1966 to 102 in December 1966. The numbers requiring admission to psychiatric hospitals increased by one-fifth, whilst in comparison, those needing community care doubled.

The steady increase in the number of referrals for community care is likely to continue because the move away from hospital care to care within the community, as envisaged by the Mental Health Act, 1959, is now being implemented. The addition of three professionally-trained staff has increased the confidence of general practitioners and other referring agencies in the department's ability to give effective support to patients in their homes.

The first of the 3 National Mental Health Weeks inaugurated by the National Society for the Mentally Handicapped was held in June and was fully supported by the Mental Health team.

Training Centres for the Mentally Subnormal

Fulham Training Centre has places for 60 boys and girls aged between 5 and 16 years, and the average daily attendance for the year was 49.

The syllabus included social training, music and movement and simple instruction using the Montessori Method of teaching. The obvious improvement in the children gained by using this method encouraged two more members of staff to enrol in the Autumn for the Diploma Course in the Montessori Method of Education.

An outing was arranged in June for a party of children to travel by public transport to the Tower of London. Two open days were arranged during the year, the first was held in July and the second shortly before Christmas, when parents and friends were entertained by the children with a selection of favourite Christmas carols. Two Christmas parties were generously given for the children, one by a local publican and one by a Youth Group. Gifts of money were received from the Hammersmith Branch of the National Society for Mentally Handicapped Children and a public house, and another local publican presented sweets, cordials and oranges.

Visits were made to the Centre by groups of students from the North-Western Polytechnic, the Froebel Institute and the Maria Assumpta College; student nurses from Fulham, Hammersmith and Royal Masonic hospitals; and 2 post-graduate students from the University of Wisconsin.

College Park Training Centre has places for 35 older girls and women between 16 and 45 years of age, and the average daily attendance was 31.

The syllabus included social training and domestic subjects, e.g. simple cookery, embroidery and other household duties, to enable the girls to become useful and accepted members of their families. One member of staff enrolled in the Autumn for the Montessori Diploma Course, so that girls transferring from the Junior Centre at 16 years of age can continue with the method to which they are accustomed.

The trainees continued to do a certain amount of industrial work for local firms, including sewing gas mantles and stuffing soft toys; and in addition do the laundry.

An outing was arranged in the summer to Chessington Zoo by coach, and a Christmas party was held to which parents and friends were invited. Gifts of money were made by the Hammersmith and Kensington Branches of the National Society for Mentally Handicapped Children, and by a local publican.

Visits were made to the Centre by student nurses from Fulham, Hammersmith and Royal Masonic hospitals.

Training Centres Organised Holiday

Officers of the Council's Personal Health Service arranged the annual holiday for trainees from the Inner London area at St. Mary's Bay Holiday Camp, Dymchurch, from 6-20 May 1966.

257 trainees, including 21 Hammersmith residents, were in the party led by Mr. Potter, Supervisor of North Kensington Training Centre, assisted by Mrs. Lee, Supervisor of College Park Training Centre. 20 members of staff also went from various training centres throughout London. In addition, two groups of students taking the Diploma Course for Teachers of Backward Children at Chiswick Polytechnic spent a week each at the camp.

After a cool and wet start, the weather improved and was warm and sunny for the remainder of the holiday. Several outings were arranged for the trainees, including miniature railway trips to Hythe, New Romney, Dungeness, and coach trips to Rye Harbour and Dover Castle. A much appreciated feature of the holiday was the playing of the North Kensington Training Centre Band which enabled several dances to be held.

Day Centre

The Council opened a 25-place Day Centre for the Rehabilitation of the Mentally Ill on 19 September 1966, in a converted Community Centre on one of the Council's housing estates. The Centre, which opens daily from Monday to Friday between the hours of 9.30 a.m. to 4.30 p.m., is staffed by a Supervisor and an Assistant Supervisor. A Mental Health Social Worker attends the Centre 1½ days a week for consultation with patients and staff.

An average day commences with a discussion group where patients talk about problems arising from family circumstances and difficulties at home, their fears, and anything that may contribute to their illness. At first it was difficult to get a response from some of the more withdrawn patients, but gradually they participated and now look forward to the daily group. A group is again formed at lunchtime when staff and patients lunch as a family, the food being sent in bulk containers from the Council's Central kitchen. The afternoon is spent on handicrafts, play-reading, painting and games.

At 31 December 1966, there were 16 patients on the register and the average daily attendance was 10.

Social Clubs

A weekly Social Club for patients was started at Emlyn Gardens Day Centre shortly before Christmas. Open invitations were extended to members of the Bishop Creighton House Club, and residents of the housing estate were encouraged to attend in an effort to break down any lingering prejudices about siting the Day Centre on the estate. I am pleased to report that this has been a success.

A Social Club for former psychiatric patients was held weekly at Bishop Creighton House, at which the average attendance was 25. A set activity was usually arranged each week in addition to the normal pastimes such as cards, table tennis and draughts. Patients were encouraged to suggest and arrange their own activities, and visits were exchanged between similar clubs in other Boroughs.

A Mental Health Social Worker attends and supervises the proceedings at each club.

Expansion of the Mental Health Service

Training Centres

It is anticipated that some 80 older trainees will need accommodation at Adult Training Centres within the period of the present Ten-Year Programme, 1966/1976, for the Development of Health and Welfare Services. College Park Training Centre for Older Girls is housed in converted premises which are inadequate, and there is no provision at all for older boys within the Borough. Immediate plans therefore envisage an 80-place, purpose-built, mixed Adult Training Centre to accommodate Hammersmith residents now attending Centres outside the Borough. Ministry approval for loan sanction for the financial year 1967/68 has been provisionally granted for this project.

Fulham Training Centre for junior boys and girls is housed in a prefabricated building which, it is anticipated, will eventually be replaced on the present site by a purpose-built Centre.

Hostel for the Mentally Disordered

There is a great need for a hostel for the mentally disordered within the Borough. It was hoped to provide a 30-place purpose-built hostel with an associated day centre in 1968/69, but the Ministry of Health have said that it is doubtful if loan sanction will be forthcoming for this purpose until 1970.

Mental Health Statistics

Number of referrals

a) Mentally Ill	...	...	...	...	...	996	
b) Subnormal/Severely subnormal	...	...	...	...	...	135	1,131

Number initially admitted to hospital

a) Informally	...	...	...	...	...	140	
b) Compulsorily	...	...	...	...	...	298	
						438	

Final arrangements made

a) No further action	...	...	...	...	...	229	
b) Hospital Care	...	...	...	...	...	438	
c) Community Care	...	...	...	...	...	464	1,131

LONDON BOROUGH OF HAMMERSMITH

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER, INNER LONDON EDUCATION AUTHORITY (HAMMERSMITH), ON THE SCHOOL HEALTH SERVICE FOR THE YEAR 1966.

This report shows the extent of the work during 1966. The School Health Service in the London Borough of Hammersmith is conducted in accordance with the scheme for the joint use of staff provided for under Section 32 of the London Government Act, 1963; and the smooth running of the Service has continued during 1966.

Summary Showing School Health Statistics:

Pupils on Day School Rolls:

In December, 1966, there was a total of 26,134 on the day school roll. The distribution of children in the various types of schools was approximately as follows – 14,536 in 45 primary schools, 10,162 in 15 secondary schools, 432 full-time and 124 part-time in 3 nursery schools and 880 in 8 special schools. In addition to the 8 special schools there are two units for partially-hearing children, one in a primary and one in a secondary school.

Details of medical inspections during 1966 are summarised, and throughout the report the figures in brackets show the work carried out during 1965.

Periodic General Medical Inspections:

The table below is an analysis of routine and non-routine medical inspections:

School Medical Inspections (excluding Dental and Health Surveys) – 1966.

School roll – December, 1966	26,134	(26,107)
Routine Inspections	10,289	(10,365)
<u>Percentage of Numbers inspected where –</u>		
Parent present	56.8	(55.9)
Care Committee present	81.4	(77.8)
Physical conditions unsatisfactory	0.9	(0.9)
Referred for treatment of defects	13.6	(13.7)
Referred for treatment of defects other than vision	8.2	(7.9)

Non-Routine Inspections

1) Specials	4,041	(3,547)
2) Re-Inspections	6,863	(6,850)

TOTAL – 1) & 2) ... 10,904 (10,397)

Number of routine inspections as percentage of school roll	39.1	(39.7)
Number of non-routine inspections as percentage of school roll	41.6	(40.5)

The following table shows an analysis of non-routine medical inspections:

Non-Routine Medical Inspections - 1966.

Re-Inspections	6,863	(6,850)
Bathing Centre inspections - scabies	19	(4)
Bathing Centre inspections - other	8	(4)
Employment certificates	282	(219)
Theatrical children	58	(42)
School Journeys	1,615	(1,326)
Recuperative holidays - pre-departure	165	(138)
Recuperative holidays - on return	—	(2)
Secondary School annual surveys	9	(—)
T.B. contacts	—	(1)
Candidates for higher awards	2	(—)
Boarding schools for the delicate - pre-departure ...	4	(7)
Outward bound courses	7	(—)
Boarding schools for the delicate - on return	2	(3)
Handicapped pupils - statutory examination	77	(40)
Handicapped pupils - periodic special defect examination	551	(518)
Research investigation and enquiries	—	(16)
Sub-Total ...	<u>2,799</u>	<u>(2,320)</u>
 <u>Specials - at request of -</u>		
Head teacher - child's name entered in special book	120	(106)
Head teacher - others	393	(477)
School nurse - following health survey	69	(56)
School nurse - others	251	(271)
Divisional (Education) Officer	114	(75)
District Care Organiser or Care Committee	32	(54)
Parent	112	(133)
School Medical Officer	137	(32)
Sub-Total ...	<u>1,228</u>	<u>(1,140)</u>
 <u>Others -</u>		
Accident on school premises	1	(3)
Miscellaneous	13	(20)
	<u>14</u>	<u>(23)</u>
 TOTAL of all Non-Routine Medical Inspections ...	 <u>10,904</u>	 <u>(10,397)</u>

The following table shows the rate per 1,000 of children of all ages noted for treatment or observation of a defect in 1966. (1965):

Routine Medical Inspections 1966.

Defects

(Number of children noted for treatment or observation
expressed as a rate per 1000 inspected)

Number inspected	10,289	(10,365)
 <u>Defects</u> - Skin	 T	 7.42 (7.43)
	O	15.52 (8.68)

<u>Defects</u> - Eyes	(a) Vision	T	59.44	(62.81)
		O	53.48	(51.23)
	(b) Squint	T	8.39	(8.20)
		O	10.93	(7.33)
	(c) Other	T	1.95	(2.03)
		O	1.66	(1.45)
Ears	(a) Hearing	T	6.83	(6.46)
		O	7.12	(5.21)
	(b) Otitis Media	T	1.76	(1.25)
		O	10.25	(6.17)
	(c) Other	T	0.98	(1.54)
		O	1.37	(1.64)
Nose and Throat		T	12.00	(14.57)
		O	60.41	(49.11)
Speech		T	5.66	(5.60)
		O	9.37	(11.00)
Lymphatic Glands		T	1.56	(1.35)
		O	25.38	(16.11)
Heart		T	2.64	(3.38)
		O	14.44	(12.16)
Lungs		T	4.39	(5.60)
		O	19.72	(14.57)
Developmental	(a) Hernia	T	1.17	(0.96)
		O	3.81	(3.09)
	(b) Other	T	1.17	(0.77)
		O	5.37	(3.96)
Orthopaedic	(a) Posture	T	1.85	(0.87)
		O	8.20	(10.32)
	(b) Feet	T	5.95	(3.28)
		O	22.74	(16.69)
	(c) Other	T	2.34	(2.12)
		O	9.96	(7.91)
Nervous System	(a) Epilepsy	T	1.66	(2.32)
		O	1.95	(2.32)
	(b) Other	T	1.07	(0.96)
		O	0.44	(1.74)

Defects - Psychological

(a) Development	T	1.27	(1.35)
	O	6.54	(6.37)
(b) Stability	T	3.22	(1.64)
	O	15.32	(8.39)
Abdomen	T	0.29	(0.19)
	O	1.17	(0.48)
Other	T	19.62	(19.10)
	O	55.24	(43.61)

T - Treatment

O - Observation

(N.B. - A child can be noted for more than one defect)

Vision.

The following table is a statement of the visual acuity of pupils whose vision was tested at routine medical inspections divided into those not wearing and wearing glasses, together with the proportion noted for treatment or observation.

Routine Medical Inspections 1966 - Vision

Percentage of number tested

	6/6		6/9		6/12 or worse		Noted for Treatment	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
A. Not Wearing Glasses	78.5 (79.5)	75.5 (74.6)	7.9 (6.9)	8.9 (8.0)	7.3 (6.5)	7.4 (6.8)	6.4 (6.2)	6.4 (6.4)
B. Wearing Glasses	2.6 (3.0)	4.2 (4.8)	1.5 (1.6)	2.2 (2.3)	2.2 (2.5)	2.8 (3.5)	2.4 (1.8)	2.7 (3.8)

Number Tested: Boys 3,225 (3,313)
Girls 3,603 (3,751)

C. Boys and Girls Percentage of number tested with & without glasses-

Noted for treatment	Noted for observation	Total noted for treatment or observation
8.9 (9.2)	8.0 (7.5)	16.9 (16.7)

Personal Hygiene.

The hygiene inspection of each child once a term was replaced by the London County Council, in January, 1959, by an annual comprehensive survey of each pupil; plus such additional health surveys as were thought necessary or desirable at selected individual schools or departments, and this practice has been continued. Details of this work done under the cleansing scheme are shown below. The emphasis of the cleansing scheme, as now carried out, is on the children being cleansed by the parent at home where other verminous members of the family may, in the privacy that the home affords, also use the Lorexane No.3 shampoo distributed by the school nursing department; hence eradicating a possible source to the child of recurring infestation.

It is the practice for the school nurse, prior to the commencement of school term, to visit families with a record of infestation to ensure that the children are clean and fit to return to school. This practice has continued to be of considerable value.

Findings at Health Surveys - 1966.

School Roll - December, 1966	...	...	...	...	26,134	(26,107)
1. <u>Comprehensive Surveys</u>						
(a) Number examined	...	...	...	...	25,259	(24,492)
(b) Number (occasions) found verminous	...				231	(161)
(c) Percentage found verminous	...	...	...		0.91	(0.66)
2. <u>Selective Surveys</u>						
(a) Number examined	...	...	...	...	14,522	(15,398)
(b) Number (occasions) found verminous	...				466	(376)
(c) Percentage found verminous	...	...	...		3.07	(2.44)
3. (a) Total times vermin found (1(b)+2(b))	...				697	(537)
(b) Total % found (3(a) as % of 1(a) + 2(a))	...				1.70	(1.35)
(c) Number of individual pupils found verminous					332	(199)
(d) % of individual pupils found verminous (of school roll)	...	...	...	...	1.27	(0.76)
4. <u>Action taken with verminous cases -</u>						
(a) Advice and/or Lorexane	...	...	...	...	537	(463)
(b) Further action	...	...	...	...	140	(74)
(c) 4(b) expressed as a % of 4(a)...	...	...	...	...	26.07	(16.0)
<u>Analysis of 4(b) cases - referrals of hardcore cases to bathing centres</u>						
<u>Voluntary attendance at bathing centres -</u>						
Number of pupils	...	...	...	...	140	(74)
Number of statutory notices issued	...				-	(-)
<u>Number cleansed at centres following statutory notices</u>						
Voluntarily	...	...	...	...	-	(-)
Compulsorily	...	...	...	...	-	(-)
5. <u>Communicable Disease Surveys</u>						
Number examined for - Athlete's Foot	...				638	(469)
Plantar Warts	...				776	(383)
Dysentery	...				809	(34)
Other communicable diseases	...	...	...		3,923	(4,019)
Total of (5)	...				6,146	(4,905)

Infectious Diseases in Schools.

When a pupil is absent from school and the cause is either known or suspected to be due to infectious disease, the Head of the school notifies the Principal School Medical Officer. These notifications are uncorrected for diagnosis, but form the best available index of the trends of the infectious diseases in the school community; they are the only figures available for diseases which are not statutorily notifiable. The following is a table of the infectious diseases notified by Heads of schools in 1966:-

Disease		Disease	
Cerebro-Spinal Meningitis	- (-)	Pulmonary Tuberculosis (Primary)	1 (1)
Chicken Pox	325 (365)	Ringworm (Scalp)	3 (3)
Diphtheria	- (-)	Ringworm (Body)	12 (2)
Dysentery, Diarrhoea or Enteritis	280 (90)	Scabies... ..	12 (9)
Food Poisoning	- (-)	Scarlet Fever	26 (45)
Erysipelas	- (-)	Smallpox	- (-)
German Measles	122 (117)	Sore Throat	45 (42)
Influenza	476 (37)	Tonsilitis	105 (83)
Impetigo	7 (10)	Typhoid Fever and Paratyphoid	
Jaundice	6 (36)	Fever	- (-)
Measles	568 (721)	Whooping Cough	40 (17)
Mumps	547 (71)		
Ophthalmia & Conjunctivitis ...	8 (11)	Other Diseases: Sickness	2 (42)
Poliomyelitis	- (-)	Virus Meningitis	1 (3)
Pneumonia	3 (4)	Glandular Fever	- (1)

Prophylaxis.

The following table shows the percentage of school children of all ages inspected who were reported to have been immunised against -

(a)	Smallpox	70.6%	(70.5%)
(b)	Diphtheria	84.8%	(85.8%)
(c)	Whooping Cough	67.1%	(65.2%)
(d)	Poliomyelitis	80.1%	(81%)

It is the practice to offer immunisation against tetanus.

The B.C.G. Scheme.

In accordance with the B.C.G. scheme, vaccination was offered to children in the 13 year+ age group, as a protection against tuberculosis. The following table is an analysis of this procedure:-

1.	No. of children tuberculin-tested	1386	(1698)
2.	No. of children found positive to test	569	(349)
3.	No. of children positive to test who were x-rayed ...	346	(273)
4.	No. of children found negative to test	795	(1349)
5.	No. of children vaccinated	792	(1341)

The 1966 campaign overlapped into 1967 and the results for this latter period will be included in the 1967 Annual Report.

Handicapped Pupils.

During 1966 special educational treatment was provided for 868 children.

The following table shows the categories of handicaps and number of pupils receiving special education in day schools in the London Borough of Hammersmith. These schools serve much of the West of London and accordingly many of the pupils are not residents of Hammersmith.

<u>Type of Handicap.</u>	<u>School.</u>	<u>No. of Pupils.</u>
Delicate	Wood Lane School.	145
Partially-sighted	John Aird School.	106
Deaf	Ackmar Road School.	48
Partially-hearing	Units in - 1) Holman Hunt School.	27
	- 2) Hammersmith County School	
	& Christopher Wren School.	7
Physically handicapped	Queensmill School.	38
Educationally subnormal	Elizabeth Burgwin School.	197
" "	Wedgwood School.	82
" "	St. Huberts School.	167
Maladjusted (including unit for 5 autistic children).	Northcroft School.	51

(42 pupils are accommodated at Palingswick Hostel for diabetic children and attend day schools in the neighbourhood).

Educationally Subnormal Children.

Under Section 34 of the Education Act, 1944, it is the duty of a local education authority to discover which children over the age of two years require special educational treatment as handicapped pupils. Of the various categories of handicapped pupils, the educationally subnormal is the largest.

Under this Section 143 pupils were examined on account of a disability of mind or any other condition which might necessitate special educational treatment. 130 children were examined for suspected disability of the mind and of these, forty were recommended as fit to continue to attend ordinary school and ninety were recommended for placement in a school for educationally subnormal pupils. The remaining 13 were examined because of their physical handicaps. 8 were recommended for day physically-handicapped school, 2 for boarding physically-handicapped school; and 3 for home tuition.

Children Unsuitable for Education at School.

Section 57 of the Education Act, 1944, (as amended by the Mental Health Act 1959), deals with the examination and reporting to the local education authority of children considered unsuitable for education at school.

Under this Section 31 children were examined. Of these 2 were recommended for ordinary schools; 6 were recommended to attend a school for educationally subnormal pupils, 17 children were recommended to attend a mental health training centre and 2 were recommended for community care only. The other four were referred for further specialist examination with the following results:- Two were recommended for attendance at a mental health training centre; one for attendance at an autistic unit; and it was recommended that the fourth child be permitted to leave a special school, having reached normal school leaving age.

Recuperative Holidays.

Under statutory authority provision was made for recuperative holidays for school children in need of rest, fresh air and good food.

The total number of recommendations was 165 (166). Of this number 140 (138) children went on holiday; there were 25 (28) cancellations by parents.

School medical officers made 90% (85%) of these recommendations; the remainder came from general practitioners and other sources.

Special Investigation Clinics.

During 1966, 183 new patients attended the four special investigation clinics and 1,168 total attendances have been made. 96 children have been discharged - 22 more than last year.

Nocturnal enuresis continues to be the condition for which the majority of the children are referred.

Another special investigation clinic will be held in the new Grove Health Centre when it is in use. This will assist in ensuring that there is no long waiting period before a child in the North of the Borough is offered the first appointment.

Audiology.

The number of children for the audiology clinic has decreased since 1965, as, during the first nine months of that year, there was no similar provision in the Royal Borough of Kensington and Chelsea and many children from there attended the Hammersmith Clinic. However, 111 children attended in 1966, of whom 51 were found to have no significant loss of hearing.

The work of the Audiology Unit has been hampered throughout the year by the continued lack of a peripatetic teacher of the deaf. It should be possible however, to make an appointment early in 1967, and the position should be much improved in future.

The Consultant Otologist continued to visit the Day Special School for the deaf and the 2 units for the partially-hearing, so that each child was seen by a specialist at least once in the year. Many of the children at these schools live in other Boroughs, and some live in Greater London, so there is considerable liaison with other authorities.

Hospital Appointments.

During 1966, 293 children were referred from school medical examinations for specialist opinion at hospital. The general practitioners were consulted on all these and, with their approval, 264 were referred through the School Health Service to the appropriate hospital departments, and reports were subsequently sent to the School Medical Officer. The general practitioners preferred to make their own arrangements for the remaining 29 children.

ANNUAL REPORT ON THE DENTAL SERVICES, 1966.

In the Principal School Dental Officer's report for 1965 mention was made of the transfer of dental services on the 1st April 1965. On that date the London Borough of Hammersmith became responsible for the maternity and child welfare dental service while the Inner London Education Authority, became responsible for the school dental service.

During 1966 the maternity and child welfare dental service has continued to run smoothly and has satisfied the limited demands made upon it. As far as the school dental service is concerned minor improvements and adjustments have been made. During the year a great deal of thought was given to planning the re-orientation of the service. The Principal Dental Officers of the Inner London Boroughs met periodically under the Chairmanship of the Dental Adviser to the Inner London Education Authority. Their considerations ranged over such important matters as the provision of new premises and improvement of existing facilities, staffing, equipment, inspections at schools, dental health education and other allied subjects. It is hoped that Hammersmith, in common with other Inner London Boroughs, will feel the benefit of these deliberations and plans during 1967.

Matters worthy of comment during the year 1966 in Hammersmith include -

1. Premises and Equipment.

The five dental centres in the Borough, i.e. Bagley's Lane, Parsons Green, St. Dunstan's, Shepherds Bush Road and Westway, have continued in operation during the year. Apart from routine maintenance of these premises, constant thought was given to the possibilities of providing alternative surgeries in new premises, particularly in proposed new health centres included in the Council's Ten Year Health and Welfare Services Plan.

It was mentioned in last year's report that the installation of modern operating lights was an urgent priority. These have now been provided in all but one centre and were warmly welcomed by the dental officers.

2. School Inspections.

During the last three years of administration by the London County Council, dental inspections at schools in Hammersmith were discontinued as an experiment and instead invitations were sent to parents via the schools to accept dental treatment for their children at the school treatment centres. A spot analysis made in 1965 showed that only 30% accepted the invitations. Towards the end of 1965 dental inspections at schools were re-introduced for children who had started school during that year at age 5 years. The inspections continued in 1966 until all primary schools had been covered.

The following points from the survey are of interest:-

No. of inspections	49 at 41 schools.
No. of children inspected	2,071
No. found to require treatment ...	1,169 (56.5%)

Parents who were present at the inspections were asked whether they preferred their children to attend school treatment centres or whether they wished to make arrangements with private dentists. Of these 55% opted for school treatment centres and appointments were duly arranged, while the remainder were sent reminders by post of their undertaking to have their children dealt with privately.

In accordance with the policy of the Inner London Education Authority, it is proposed in 1967 to reinstate by degrees the dental inspection at school of all children attending the schools in the Borough.

3. Treatment.

(a) School Treatment Sessions.

At the end of 1965, 30 sessions a week were being held, (including 3 orthodontic), and by the end of 1966 this had been increased to 39 sessions a week.

A statement of the work carried out is given in Appendix I, at the end of this Report.

(b) Maternity and Child Welfare Sessions.

The two sessions a week each at Hammersmith and Parsons Green Treatment Centres have continued, and a statement of work carried out is given in Appendix II, also at the end of this Report.

4. Staff, (31st December 1966)

Chief Dental Officer	-	Vacancy
Full-time Dental Officers	-	2
Part-time Dental Officers	-	6 (22 sessions per week)
Dental Surgery Assistants	-	6

Mr. C.J. O'Neill, Chief Dental Officer, unfortunately had to resign his appointment as from 23rd October, 1966, for reasons of ill health, and his successor, Mr. C. Howard, will take up duty on 1st May, 1967.

Mr. H.E. Beresford-Nash, Deputy Dental Adviser to the Inner London Education Authority, had for some years undertaken orthodontic sessions at Parsons Green Centre. Mr. Nash relinquished his appointment with the Inner London Education Authority during September 1966, and his excellent work in orthodontics in Hammersmith deserves special mention. Miss M.E. Stone, who took up duty as a whole-time dental officer on 3rd January, 1966, has continued the orthodontic sessions at Parsons Green since Mr. Nash's resignation.

Miss Moran (4 sessions) and Mr. Doyle (2 sessions) commenced duty as part-time dental officers on 1st February and 21st February, 1966, respectively.

Mrs. Junor and Mrs. Robertson, Dental Surgery Assistants, left the service during the year and were replaced by Miss Donaldson and Miss Ingle.

5. Orthodontic Treatment and Radiographic Examinations.

In continuation of London County Council arrangements, orthodontic treatment and radiographic examination of children from certain other Boroughs was carried out at Parsons Green Centre.

It is estimated that one-third of the orthodontic cases treated at Parsons Green were Kensington School children and a very small number were from Wandsworth. In addition, approximately 12% of the radiographic examinations made at the Centre were for Kensington school children.

Since September, 1966, other arrangements for the orthodontic treatment of children from his Borough were made by the Principal Dental Officer for the London Borough of Wandsworth. It was previously carried out at Parsons Green. In addition, there has been correspondence with the Principal School Medical Officer of Kensington with a view to having orthodontic treatment and radiographic examination of children attending schools in that Borough carried out at a dental centre in Kensington.

6. Statistics.

- Appendix I - Work carried out at School Treatment Sessions.
Appendix II - Work carried out at Maternity and Child Welfare Sessions.

APPENDIX 1.

Dental Service for School Children

Summary of Service during year 1966

(Figures for 1965, where available, shown in brackets)

Total number of sessions	... ..	1739	(1791)
First Visits	... ..	5303	(5455)
Subsequent Visits	... ..	8735	(8759)
Other Visits (emergencies)	... ..	218	(259)
General Anaesthetic Session Attendances	... ..	506	(603)
		<u>14762</u>	<u>(15076)</u>

Treatments:

Fillings in permanent teeth	... ..	5010	(4182)
Fillings in temporary teeth	... ..	2754	(2427)
Extractions of permanent teeth	... ..	308	
Extractions of temporary teeth	... ..	905	
Other operations (prophylaxis, x-rays, inlays, crowns).		2238	

APPENDIX II.

Dental Services for Expectant and Nursing Mothers and children under 5.

Summary of Service during year 1966.

(Figures for 1965, where available, shown in brackets).

No. of Treatment Sessions:	170	(225)		
	<u>Children</u>		<u>Expectant & Nursing Mothers.</u>	
First Visits	108	(149)	124	(153)
Subsequent Visits	353	(531)	353	(494)
Total Visits	461	(680)	477	(647)
<hr/>				
Treatments:				
No. of fillings	476		179	
Teeth filled	392		155	
Teeth extracted	6		27	
Patients X-rayed	—		18	
Prophylaxis (scaling)	3		121	
Teeth otherwise conserved	94		—	
No. of courses completed during year	140		88	
No. of dentures supplied	—		24	

Conclusion.

I should like to take this opportunity of expressing my sincere thanks to Dr. E.M. Cran, Deputy School Medical Officer, who has been immediately responsible throughout the year for the work set out in this report. I should also like to thank the Principal School Dental Officer and all the staff of the School Health Services in their various capacities for their hard work and support throughout the year.

A.D.C.S. CAMERON.
Principal School Medical Officer,
Hammersmith.

STUDENT HEALTH SERVICE
West London College

A Student Health Service was begun in October, 1966, for students of the above College. The service is at present restricted by statute to students up to nineteen years of age, but it is hoped that legislation in the near future will enable students of all ages to be included. The number of eligible students on the roll was 180, (100 girls and 80 boys). A room for the purpose was made available at South Park Branch, (Hugon Road Annexe at Hurlingham School).

Dr. Margaret Capra, a full-time Medical Officer on the staff, was selected for this work in view of her considerable experience in the School Health Service, her particular interest in this scheme, and her personality which makes her particularly acceptable to young people.

Great co-operation and help was given in beginning this scheme by Dr. Bonney Rust, the Principal of the West London College, and his staff, and in ensuring its continuity and smooth progress.

Summary of Arrangements.

1. On acceptance by the College.

- a) Each student was given an explanatory letter about the Student Health Service and also a summary of general medical services available under the National Health Service. The latter was considered very important in view of the large numbers of overseas students. It was made clear in the explanatory letter that the Student Health Service was intended to be additional to the National Health Service and not in place of it, and the student was advised to register with a general practitioner.
- b) The student was asked to complete a questionnaire about the state of his health and the extent to which he had been protected against infectious illness.
- c) Arrangements were made by the College to obtain school medical records when thought advisable.
- d) The student was informed that the Medical Officer would be glad to advise him at any time, and that he might be asked to attend a medical examination.
- e) He was told the scheme was voluntary.

2. The Doctor and her function.

Arrangements were made for the doctor to attend weekly, and to attend staff meetings at the beginning of term, or as necessary. The doctor and staff were able to meet freely to discuss any particular problem of student health.

Early in the term the doctor studied the completed questionnaires and medical records and made out the list for medical examinations in order of apparent urgency.

Arrangements were made for students to have mass X-ray examinations, tuberculosis tests with B.C.G. if negative, and to have immunisation against poliomyelitis.

Students were seen as necessary if repeated observation seemed advisable. The doctor was available at her sessions to see students and relatives, or staff, attending at their own desire, and students referred by any member of the staff.

If necessary the doctor wrote to general practitioners, hospital consultants or other persons about individual student's needs. In general, students were seen by appointment and ample time was given for full discussion between doctor and student. The consultation was private.

The commonest difficulties, so far, have been in arranging interviews for students at times convenient for them which did not conflict with lectures. This has been overcome by arranging occasional evening sessions, or changing days, or times of day-time sessions, as necessary. The high proportion of overseas students - Greek, Italian, Arabian, French, and others - has been noticeable and has presented problems at times.

The Commonest Complaints.

1. Anxieties.

- a) Associated with parents or boy friends.
- b) Travelling - many students travel long distances and are tired.
- c) Living accommodation - many students live in "Digs", and do their own cooking, which is often very inadequate.

2. Indigestion.

3. Dysmenorrhoea and other gynaecological problems.

4. Insomnia.

The sessions have proved to be interesting both for doctor and for students, who were found to be relaxed and ready to discuss their problems. It was clear that some students required help both from physical and psychiatric aspects.

It is hoped that in the second year of the scheme progress will be made in ensuring that every student is interviewed.

The following is a statistical summary of the work carried out during 1966 (from 21st October, 1966, only).

Total No. of Sessions.	12
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Clerical sessions	-	4
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Consultation sessions	-	8
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No. of Students medically examined	...	7
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No. of Students advised	...	35
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Referred to Chest X-Ray	4
-------------------------	---

Referred to hospital	NIL
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Referred to General Practitioner	14
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Referred to Dentist	2
---------------------	---

Referred to Optician	8
----------------------	---

Other action.

Certificates of fitness to work with children at Guy's Hospital	3
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HEALTH EDUCATION AND HOME SAFETY

Giving a lead to local authorities in Britain in the provision of a continuous programme of health education "Design For Living", a permanent Exhibition was opened at 2-6 Fulham Broadway, S.W.6, on February 22, 1966, by the Minister of Health, the Rt. Hon. Kenneth Robinson, M.P. Presented in modern media, utilising three Exhibition Halls and Bijou Theatre, "Design For Living" tells the story of life from pre-birth to declining years and offers up-to-the-minute concepts on good health, demonstrating the influences of personal, social, welfare and environmental factors. Modern display techniques provide for photographs, charts, models and animated units, with over 200 national research and technological associations, manufacturers and trade associations taking part. Whilst the theme remains constant, the content is subject to frequent change.

The Exhibition is open on Mondays to Fridays from 10 a.m. to 5 p.m. and at other times for group visits. Admission is free. "Design For Living" is closely linked with all Departments of the Health and Welfare Services, offering support to Clinics, Welfare Centres and Information Offices in furtherance of national and local campaigns. Some measure of the success of this unique venture may be gauged from the fact that the average weekly attendance includes 500 visitors from schools, polytechnics and teacher training colleges, as well as from national societies and local organisations. During the year there have been special visits by international leaders in health education.

Of the many Borough campaigns during the year mention must be made of the Mental Health Campaign (June 6-16) staged in conjunction with the National Association for Mental Health and the National Society for Mentally Handicapped Children, for which the Health Education Officer designed two special posters which attracted considerable attention. Examples of psychotic and schizophrenic art, and illustrations of mental healing through the ages proved exciting features. The "Design For Living" Film Theatre staged a Festival and, during the ten days, more than 1,000 visitors came to it.

Special emphasis on Water Safety was provided from June 17 to September 1 and included the display of a swimming pool, a sailing dinghy built by schoolboys, aqua suits and water safety equipment. A special feature was that of demonstrations given by the Royal Life Saving Society at Lime Grove and North End Road Baths at peak public sessions. A Water Safety Float won first prize at the Fulham Carnival, and the Campaign ended with the Hammersmith Show at which a 24 ft. motor cruiser made an impressive exhibit.

The third major Campaign of the year, for which the Health Committee made a special allocation, provided the most intensive drive undertaken by the local authority to combat the growing incidence of Venereal Disease and Sexual Infections, with special emphasis on providing education for young people. From October 1 to December 15 display units at the "Design For Living" Exhibition attracted visits by almost all schools in the Borough and, indeed, drew large audiences from many parts of Britain. A series of lectures was provided for women's organisations, teachers and management executives by Dr. J.L. Fluker, Physician-in-Charge of the Martha and Luke Clinics at West London Hospital. Six films were shown to illustrate causes, symptoms, consequences and treatment. All youth organisations and schools were included in the distribution of literature. For this Campaign five posters were designed by the Health Education Service and, of these, a double crown poster with the simple message "V.D. Don't Take the Risk" was considered to be the most effective propaganda effort. There was a national demand for copies. In addition two special leaflets were produced - "Facts you should know about venereal disease and sexual infections" written by Dr. J.L. Fluker, and "You and sex" compiled by the Health Education Officer. Over 250 bill-posting sites in the Borough made use of Campaign posters. The Directors of Fulham Football Club co-operated so that information on venereal infections could be included in Club programmes, and these reached a total audience of over 75,000.

During the year there were 37 special Borough Window Displays, and the Management of the Regal Cinema, Walham Green, co-operated by providing foyer space for Borough Campaign exhibits.

In the cause of Home Safety a special Home Accident Report card, (pre-paid), was introduced for circulation through the local doctors' surgeries, hospitals, and clinics. Recipients give brief details of home accidents and the card, when returned, helps to provide essential information.

A number of Home Safety Bulletins were issued during the year. It was interesting to note that, as a result of genuine complaints promptly referred for investigation, it was possible to secure withdrawal of potentially dangerous items such as an inflatable Penguin Swim Ring, and of oil heaters offered for sale, which did not conform to B.S.S. 3300.

Anti-smoking propaganda was actively promulgated and included film units, games and talks provided in Borough schools and parks by the Inner London Education Authority Unit.

PART II

Welfare Services

My report last year covered the work of the Council in the field of welfare services. It is a pleasure to report that the Council has continued its work in this field with vigour and determination. The Council has been successful in securing the necessary funds for the welfare services and in securing the necessary staff to carry out the work. The Council has also been successful in securing the necessary premises for the welfare services and in securing the necessary equipment for the welfare services.

The welfare services are those for which the Council is responsible. They are the services which are provided for the people of the Council area. They are the services which are provided for the people of the Council area. They are the services which are provided for the people of the Council area.

WELFARE SERVICES

Residential Accommodation for the Elderly

On the 1st April, 1964, five small houses providing accommodation for 15 elderly people were completed in the Borough from the former London County Council. On the 1st May, 1964, a new purpose-built home, Goshway Close, was brought into use, when the existing community was purchased by the former London County Council. This house, which accommodates 18 men and women in 14 single and 4 double beds, was equipped as modern accommodation with a lift, hand rails and other facilities, and is suitable for the reception of infirm, handicapped and aged residents, as well as old people in need of care and attention.

Goshway Close is in the heart of Hammersmith, and its residents are situated close to the main shopping in the locality. They are also close to the main bus routes, and they are also close to the main railway station. It is a pleasant surprise to find that the Council has been able to secure such a good site for the new home. The Council has also been able to secure a number of flats for elderly people, so that the residents would be able to take advantage of the facilities provided at one house. In addition to the two small houses, the Council has also secured, on the corner of Hammersmith Lane and London County Council, a total of 142 beds at double beds. The King's Head, two large Victorian houses owned by other London Boroughs. It is the wish of the Council that these former large public accommodation institutions should be closed and it is planned to replace them by addressing small houses or flats, as circumstances permit. Several houses in the area have been purchased by the London County Council at the grounds of these houses, one of the existing small houses for elderly people, and it was decided to proceed with this project during 1964. The economic situation, however, necessitated the postponement until 1967/68, in order that the conversion of St. Vincent's House near Hammersmith Goshway could be put in hand. The scheme for the adaptation of St. Vincent's House, to provide accommodation for 15 men and women and a Day Centre for the elderly, is now going forward.

In addition to the houses for the elderly, the Council is responsible for 150 people in houses run by voluntary agencies.

Residential Facilities

From the Council's assigned responsibilities for the accommodation of homeless families, there has been considerable improvement of this service which has been the problem. In April, 1964, some 115 families were accommodated in two large blocks of non-market flats and 3 families in a special centre. There were also 10 families in 7 families in accommodation which was provided by the London Borough of Hammersmith.

Part II Welfare Services

General

Residential Accommodation for the Elderly

Homeless Families

Services for the Blind & Physically-Handicapped

Domiciliary Services for the Elderly

Holidays for the Elderly, Blind & Physically-Handicapped

Meals on Wheels

Luncheon Clubs & Day Centres

Protection of Property

Receiverships

Voluntary Help Service

Health & Welfare Ten-Year Plan

Welfare Services.

My report last year covered the nine months from the 1st April, 1965, when the Welfare Services became the responsibility of the London Borough of Hammersmith after their transfer from the former London County Council. In this period the foundations of the services were laid and it was envisaged that during 1966 they would be consolidated and expanded; and, while much in this direction has been achieved, there have been some setbacks due partly to the need for financial stringency as a consequence of the Government's economic policy; and partly because of the difficulty in recruiting experienced administrative and social work staff.

The services concerned are those for blind, partially-sighted and other handicapped people; residential accommodation for the elderly and for homeless families; registration and inspection of homes for the elderly; provision under housing powers of flatlets for old people; care of unmarried mothers before and after confinement; and domiciliary visiting for old people, including the meals service. The scope of the work undertaken is indicated in the following sections.

Residential Accommodation for the Elderly.

On the 1st April, 1965, five small homes providing accommodation for 320 elderly people were transferred to the Borough from the former London County Council. On the 7th May, 1966, a new purpose-built home, Southway Close, was brought into use, when the opening ceremony was performed by Dame Florence Cayford, D.B.E. This home, which accommodates 78 men and women in 54 single and 12 double bedrooms, is equipped to modern standards with a lift, hand rails and other fittings, and is suitable for the reception of infirm, handicapped and blind residents, as well as old people in need of care and attention.

Southway Close is in the heart of Hammersmith, and its residents are therefore able to continue living in the locality they know, and they are near relatives and friends. As with the Borough's other modern purpose-built home, Westway Park, it is proposed later to erect nearby a number of flats for elderly people, so that the tenants would be able to take advantage of the amenities provided at the Home. In addition to the five small homes, the Borough was allocated, on the transfer of functions from the London County Council, a total of 242 beds at Brockle Bank and King's Mead, two large welfare homes owned by other London Boroughs. It is the wish of the Ministry of Health that these former large public assistance institutions should be closed and it is planned to replace them by additional small homes as soon as circumstances permit. Another home for 60 old people had been planned by the London County Council in the grounds of White Chester, one of the existing small homes for elderly people, and it was intended to proceed with this project during 1966. The economic situation, however, necessitated its postponement until 1967/68, in order that the conversion of St. Vincent's House near Hammersmith Broadway could be put in hand. The scheme for the adaptation of St. Vincent's House, to provide accommodation for 35 active men and women and a Day Centre for the elderly, is now going forward.

In addition to the homes for the elderly, the Council is responsible for 195 people in homes run by voluntary agencies.

Homeless Families.

Since the Council assumed responsibility for the accommodation of homeless families, there has been considerable reorganisation of this service which has eased the problem. In April, 1965, some 114 families were accommodated in two large blocks of sub-standard flats and 3 families in a special centre. There were also reception facilities for 7 families in accommodation administered by the London Borough of Hackney.

The Council decided upon a far-reaching reorganisation relating to homeless families, involving the allocation of social workers and full-time resident staff to provide intensive case work and training. As a result of this, it was possible to recommend a substantial number of families for rehousing, or assist them to find other solutions to their housing problems; and the number of families for whom the Council was responsible was so reduced that in October, 1966, one of the blocks of flats was closed. Social Workers also began giving such families earlier advice in an attempt to avoid their becoming homeless. During the year to 31st December, 1966, 297 applications for accommodation were made by people who feared they would become homeless, but only 30 families were subsequently admitted to temporary accommodation because they were homeless. These measures resulted in the reduction of the number of families in temporary accommodation from 92 at the beginning of the year to 57 by the end of it. In the special unit training facilities were set up for 5 families. A second rehabilitation unit for 6 or 7 families, and a reception unit sited within the Borough, were then in course of adaptation, to be opened early in 1967.

Services for the Blind and Physically-Handicapped.

During the year under review there was little alteration in the scope of the services for blind and other handicapped people. Additional instructors and assistants were engaged, but the Centre at Blythe Hall is not large enough to accommodate the number of people who wish to attend. The Council has, therefore, agreed in principle to the building of a large Centre in the Star Road Area development. The pooling, with two other Boroughs, of transport for the disabled was discontinued, and transport facilities are now adequate, comprising two coaches with lifts for wheel-chairs, and four utilibuses. Holidays were arranged at The Century Holiday Camp, Shepperton, and at Clacton; and outings were organised, including late evening shopping expeditions. In October, 1966, a shop was opened where aids and appliances for the handicapped are on view. It also sells articles made at various Centres and Homes, and privately by blind and handicapped people.

The numbers of blind and physically-handicapped registered by 31st December, 1966 were:-

General classes of handicapped, including deaf: ...	877
Blind:	583
Partially-Sighted:	181

Domiciliary Services for the Elderly.

Unification of the services formerly provided by the Metropolitan Borough Councils has been completed but, because of the insufficiency of trained social workers, visiting has been limited mainly to urgent cases. There has been close association with other services including home help, home bathing, chiropody, laundry and home nursing.

Holidays.

The former arrangements by which elderly, blind, and physically-handicapped people had early or late seaside holidays during "Senior Citizens Weeks" were superseded by holiday arrangements covering the whole Summer season. Holidays were of two weeks duration, and a revised assessment scheme ensured that financial considerations would not prevent elderly residents from taking them. 474 people took advantage of these arrangements. Outings were also arranged, and these were responsible for over 1,000 people having coach trips to the seaside, and river trips. Over 2,000 Christmas parcels were delivered to elderly people known to be deserving of them; and every effort was made to ensure that no person received more than one parcel from any source.

Meals.

Early in the year it was decided that all mobile meals should be covered with foil for hygienic reasons and to prevent the spilling of gravy and custard. Some 1,200 mobile and luncheon club meals, including invalid meals, are delivered daily 5 days a week. 100 of these are distributed in the Paddington area on behalf of the City of Westminster. This valuable service has steadily expanded, as will be seen by the following daily deliveries:-

	1.4.65.	31.12.66.
Mobile Invalid... ..	291	128
Ordinary ...	271	641
Luncheon Clubs	220	392

Luncheon Clubs/Day Centres.

There are now 11 Luncheon Clubs. One opened only on three days weekly, but was closed in June, 1966. Three new clubs have been established. One of these, a Social and Luncheon Club, has proved particularly popular and there are more applicants than can be accommodated. Social activities provided in the Day Centres/Luncheon Clubs are very popular, and provide warmth, food and companionship for many local residents.

Protection of Property

Under Section 48 of the National Assistance Act, 1948, the Council has a responsibility to protect the property of anyone admitted to hospital or to residential accommodation if no relative is able or willing to undertake this. During the year 121 such cases were handled.

Receiverships.

The Mental Health Act, 1959, empowers the Court of Protection to appoint a Receiver to administer the affairs of persons who, by reason of mental disorder, are not able to manage their own business. The Court may appoint as Receiver an Officer of a Local Authority if there is no relative able or willing to accept this responsibility. In this Borough the Welfare Officer acts as Receiver in such cases, and was responsible for 12 of these during 1966.

Voluntary Help Service.

Until November, 1966, Task Force worked in the Borough in co-operation with the Council. This arrangement was terminated when Task Force withdrew, and the organisation of voluntary work was then taken over by the social workers of the Welfare Service. A large and growing number of young people undertake visiting of the lonely, do their shopping, gardening and weekend cooking; and decorate rooms. It is confidently expected that the number of voluntary helpers from schools, youth clubs, and other organisations will increase; and that a greater number of elderly and other deserving persons will benefit.

The Ten-Year Plan.

Because of financial stringency some of the projects outlined in the Ten-Year Plan have had to be deferred, but they have not been abandoned. The Plan is due for reconsideration next year, when the order of priorities may be adjusted. The major considerations are to replace the former public assistance institutions with more modern accommodation; to expand the domiciliary services for the old, handicapped and blind; and to open further training units to rehabilitate homeless families.

Part III

Children's Services

General

Ill-Treatment or Neglect of Children

Children Beyond Control

Medical Arrangements

Boarding-Out

Medical Examinations During the Boarding-Out

Child Protection – Children Act, 1958

Hammersmith Homes

Other Local Authority Homes

Voluntary and Private Establishments

Special Schools

Conclusion

Adoption

Figures relating to 1966

General

The Children Act, 1948, makes it the duty of a local authority such as the London Borough of Hammersmith "To receive into its care any child in its area under the age of 17 years whose parents or guardian are temporarily or permanently prevented from providing for him properly" and, having received a child into its care, "To exercise their powers with respect to him so as to further his best interests and to afford him opportunity for the proper development of his character". In other words, the Council must take over the care of children deprived of a normal home life, for short or long periods, provide a substitute home life for them, and in general act as a good parent to them whilst they are in care.

681 children were in the care of the London Borough of Hammersmith on the 31st December, 1966, although about 2,000 applications were made to the Children's Officer for children to be received into care; and the fact that the number actually received into care was only about one-third of this total is a tribute to the quality and quantity of the casework undertaken by the Children's Officer and her Child Care staff. It also highlights one aspect of the important preventive powers contained in Section I of the Children and Young Persons Act, 1963.

Although a number of children are in care for quite short periods 90% are long-stay cases. Children automatically go out of care at 18 years of age, though in certain circumstances help may be given beyond that age. Intensive casework is, of course, also required to ensure that a child goes out of care as soon as circumstances permit. The Children's Service provides for the care and upbringing of children who have no parents or whose parents cannot look after them properly, or who are committed by the Juvenile Courts to the care of the Council as "Fit person", or by other Courts in cases of matrimonial dispute. Additional functions are the finding and supervision of foster homes for children in care; a wide range of adoption duties; the protection of children placed for reward apart from their parents; and certain duties concerning children committed to approved schools.

A preventive service is provided under Section I of the Children and Young Persons Act, 1963, which makes it a duty to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need for them to come into care, or remain in care, or appear before the Juvenile Court. The advice, guidance, and assistance may include assistance in kind or, in exceptional circumstances, in cash.

III-treatment or Neglect, of Children

It is the statutory duty of the Children's Officer under Section 62 of the Children and Young Persons Act, 1933 (as amended), on receipt of information suggesting that any child may be in need of care, protection or control (a) to cause enquiries to be made into the case, unless satisfied that such enquiries are unnecessary; and (b) to bring before the Juvenile Court any child who appears to be in need of care, protection, or control, unless satisfied that the taking of proceedings are about to be taken by some other person. The Health, Welfare, Housing and Education Departments notify the Children's Officer promptly of instances where children are, or are likely to become, in need of care, protection, or control (i.e., a child who is not receiving proper care, protection, or guidance and is falling into bad associations; or is exposed to moral danger; or is likely as a result to suffer; or whose health or proper development are likely to be seriously affected; or a child who is beyond the control of his parents). Suitable arrangements are then made between the Departments for the child's welfare to be safeguarded, bearing in mind the new duty to offer advice, guidance and assistance if it would diminish the need to bring the child before the Court. Any worker in a Voluntary Organisation, or member of the public, who has reason to believe that a child is in need of care, protection, or control, should get in touch with the Children's Officer without delay.

Children Beyond Control

The Children's Officer is responsible for investigating the circumstances of all children alleged to be beyond the control of their parents, arranges for voluntary advice, guidance, and supervision in suitable instances and, if necessary, arranges for the children to be brought before the Juvenile Court.

Medical Arrangements

(a) Before a child is boarded-out a full medical examination is undertaken, and the report is submitted to the Medical Officer of Health for approval that the child is fit to be boarded-out under the Regulations.

(b) Medical Examinations during the boarding-out – A child boarded-out must be examined by a duly qualified medical practitioner

- (i) within one month after being boarded-out, unless the child has attained the age of 2 years, and has been medically examined within three months before being boarded-out, and
- (ii) at least once in every six months if he has not attained the age of two years, or at least once a year if he has attained that age.

The reports of subsequent medical examinations are not seen by a Medical Officer in the normal course of events, and would only be referred to the Medical Officer of Health if the Senior Child Care Officer and Child Care Officer who receive the report were concerned about any matters affecting the child.

(c) Apart from these statutory requirements for medical examination and report, it is the duty of the local authority to ensure that adequate arrangements are made for a child boarded-out to receive medical and dental attention as required. This is dealt with by the Child Care Officer who, on her visit, would comment on the child's health, and be assured that in fact adequate arrangements had been made. This generally means that the child is registered with the same doctor as the foster parents, and there is usually no difficulty.

Child Protection – Children Act, 1958

There is no statutory requirement that a child should be medically examined on being placed with a private foster parent, but again it would be the responsibility of the visiting Child Care Officer to be assured, so far as was reasonable, that the child was being well-treated, and to advise if any medical attention appeared to be necessary.

There is the additional medical supervision given to all children under five by the Health Visitor under the Public Health Act, and this is followed by medical surveillance provided by the School Health Service.

Hammersmith Homes

The Administration of Children's Homes Regulations, 1951, provide that the Medical Officer appointed shall supervise the compilation of a medical record for each child accommodated in a Home and that this shall contain particulars of the medical history of the child before admission, so far as it is known; his physical and mental condition on admission; his medical history while accommodated in the home; and his condition on discharge from the home. A card is used for this information and is normally kept up to date by the Houseparent-in-Charge.

The Home Office, in July, 1951, recommended

"42 that the frequency of medical examinations, of dental inspections, and of other routine arrangements should be as follows:

(a) Medical examination –

On admission.

At least monthly for children aged 0 – 1 year

At least quarterly for children aged 1 – 5 years

At least yearly for children over the age of 5

On discharge

(b) Weight (in a single garment) –

On admission.

Weekly - for children aged 0 – 6 months.

- Monthly - for children aged 6 months to 2 years
- Quarterly - for children aged 2 years and over
- On discharge
- (c) Height (for children aged 2 years and over) -
 - On admission
 - Quarterly
- (d) Dental Inspection -
 - This is very desirable for children over the age of 2 and, if possible, should be arranged shortly after admission and at intervals of not more than six months.
- (e) Medical records -
 - Individual records should be kept showing condition on admission, and progress, and should include a record of sickness. Dates of immunisations should be noted. Condition on discharge should be recorded.

43. Children attending local education authority schools will be examined by the school health service at intervals. A member of the staff of the home should endeavour to be present, and should tell the doctor anything of note about the child just as a parent would."

Other Local Authority Homes

Arrangements should be as for "Hammersmith Homes".

Voluntary & Private Establishments

Arrangements should be as for "Hammersmith Homes". The Assistant Children's Officer when visiting keeps a check on the arrangements, and the Child Care Officer ensures that medicals are completed when the review takes place.

Special Schools

Handicapped children are medically examined annually. The forms are completed and returned to the Inner London Education Authority (EO.WS 2/3) which, where appropriate, forwards them to the Children's Officer concerned.

Conclusion

There are no further steps taken in the Children's Service other than to remind all Child Care Officers to be on the alert at all times for symptoms of ill-treatment or ill-health, and to arrange for urgent medical examinations in all cases where they have doubts. This is the subject of frequent reminders at staff meetings and, having regard to the medical arrangements, the reporting done on children boarded-out, and the examination of such reports by Senior Child Care Officers, it is hoped there will be little risk of situations arising which would cause concern.

Adoption

Procedure and Practice in the London Borough of Hammersmith

1. Introduction

An Adoptions Officer was appointed on 1st January, 1966, and the Adoption Agency began to function on 1st March of that year.

At that time there were in the care of this Authority over twenty children under the age of two available for adoption. Many of them were "Hard to place"; some of them were from backgrounds with very poor medical, mental, or social histories or legal complications; others were of mixed racial origin or of a religious persuasion which restricted placing; and some with one or more of these disadvantages.

At that time there were no suitable adopters available.

The first priority, therefore, was to investigate applications and find suitable adopters. Wherever possible, expectant mothers wanting adoption of their babies were referred to existing Agencies with waiting lists of adopters. However, not all cases could be referred as private Adoption Agencies are free to choose the kind of child they will accept for placement and who, for the most part, will only consider white English babies with unproblematical backgrounds.

In the recent past there has been a shift in the ratio of available babies to adopters particularly in the London area, from a surplus of adopters to a surplus of babies. This situation is brought about by a slight increase in the illegitimacy rate and also by changing attitudes to adoption. Many Adoption Workers no longer think in terms of "Unadoptable" babies but are trying to find suitable adopters who are fully aware of the possible difficulties involved in taking into their families children with social, physical or mental handicaps.

A large proportion of such children are received into care by Local Authorities as part of their statutory duties.

The attitude to adopters too has changed. In former years, most Agencies would only consider applications from childless couples and the upper age limit was usually under 35 for both applicants. Most private Agencies exercised a bias in favour of middle-class couples with high material standards. Each application dealt with in the Children's Service however, was considered on its own merit without stringent qualifications as to age, number of existing children, religion or background. Apart from the legal requirements the criteria are emotional stability, a good marriage relationship, an awareness of the complex problems of adoption, the ability to support a child and above all the deeply felt wish to have and love a child for its own sake.

2. The Panel

The Adoption Agencies Regulations, 1959, are permissive with regard to a Case Committee in a Local Authority acting as an Adoption Society and individual Local Authorities vary in their practices.

In Hammersmith an Adoption Panel has been formed consisting of three nominated Councillors, who are members of the Children's Committee, (one of them a man), the Children's Officer and her Deputy attending alternate meetings, and a Senior Child Care Officer. The Adoptions Officer is in attendance.

The Panel meets at the request of the Adoptions Officer at intervals of three to six weeks, depending on the number of cases ready for discussion. The function of the Panel is to discuss the detailed reports about applicants as prepared by the Adoptions Officer, and to decide whether or not they can be approved.

The Panel also decide whether or not to help an expectant mother with adoption placement. Details of her medical and social history are reported by the Adoptions Officer. Members are also consulted about placements of children not in care. If a placement has taken place between meetings with the approval of the Children's Officer the Committee is informed.

The aim of the Children's Service Adoption Agency is to build up a waiting list of adopters so that wherever possible appropriate children can be placed direct without prior reception into care.

3. The Children's Sub-Committee:

At the present time when children "In care" are placed with approved adopters they are initially boarded out as foster-children "With a view to adoption". The length of boarding-out period varies according to the special circumstances of the placement. When the Child Care Officer concerned is satisfied with the progress of the child in his new home, a full report and recommendation for adoption is submitted to the Children's Sub-Committee. Following approval, the applicants are informed that they can proceed with their application to adopt. From this date all boarding-out payments cease and the child becomes a "Protected" child.

4. The Mother:

i) Referrals:

Expectant mothers are usually referred by Medical Social Workers and Moral Welfare Workers. Pregnant schoolgirls are referred by the Children's Worker of the Care Committee. There are also a number of girls who come to the Child Care Officer of their own volition.

There is a continuous flow of referrals to this Service as the Borough is blessed with a large number of maternity beds. Many women come from all parts of the British Isles to have their babies in London. It is estimated that in Queen Charlotte's Hospital alone 600 illegitimate babies are born every year. Women living outside the Borough are not normally eligible for help with adoption.

A proportion of the mothers referred are married women who have conceived the babies outside the marriage.

ii) Procedure

Wherever possible expectant mothers are seen by the Adoptions Officer who either refers them elsewhere or recommends to the Panel that their case be taken on. Detailed health and social history is taken and case work with her continues until the baby is born when the mother may decide to keep the child.

Where expectant mothers wanting adoption for their babies are girls in care or women already known to the Service, the Child Care Officer concerned continues casework with them. In all cases the Adoptions Officer sees the mother at least once prior to her child's placement to tell her at first hand about the adopters.

Some expectant mothers under 17 will be received into care during the period of their pregnancy and the majority of these young girls go to a Mother and Baby Home for the last months or weeks of their pregnancy and remain for six weeks after their confinement. Others under 17 continue to live with their families and receive intensive casework support during this time.

Most of the older women are able to stay on at their homes or lodgings during pregnancy.

When the baby is born the mother is seen as soon as possible after the confinement and if she wishes to proceed with adoption, plans are discussed. Some mothers are prepared to take the baby home for the first six weeks and when suitable adopters are available the baby is then placed. Before placement it may be necessary to give help with clothing and in exceptional cases payment in cash under Section 1 of the Children & Young Persons Act, 1963, to prevent reception into care.

In the majority of cases, however, the mother parts from her baby on her discharge from hospital.

During the pre-adoptive period mothers are encouraged to visit their children.

Wherever possible the Adoptions Officer accompanies the mother when she signs her consent and remains in close contact pending legal adoption. The natural mother is informed when the Order is made and at that time she is usually given a photograph of the baby.

5. The Putative Father:

The putative father, if known, is interviewed by the Adoptions Officer to discuss with him the adoption. He is also asked to furnish details about his health, social and education background.

6. The Babies

i) Eligibility:

Babies placed for adoption must be born in the Borough or be the child of a mother who is in the care of the Authority at the time of her confinement. All babies accepted for direct placement since 1st March 1966 would have been received into care or supported under Section 1 Children & Young Persons Act, 1963, had we not functioned as an Adoption Agency.

ii) Procedure:

If the mother is unable to make her own arrangements on her discharge from hospital and is not in a Mother & Baby Home the child is either received into care or placed by the mother in a short-term foster home found for her by the Children's Service. Some mothers are able to pay their own fostering fees, but others are helped partially or entirely with these under Section 1 of the Children & Young Persons Act, 1963. Efforts are made to place all healthy babies in foster-homes rather than nurseries.

The task of approving would-be adopters requires high professional skill and is a lengthy process. There has not been adequate staff to build up a waiting list of adopters and consequently some of the available babies have had to be received into care.

In the year ended March, 1967, we placed for adoption 23 children in care and six direct. Of these three were of mixed racial origin, two were Roman Catholic twins with a severe medical history and only five of these babies were without medical, social, or legal complications.

iii) Health:

At six weeks of age the baby is examined by a medical practitioner and given serological tests for V.D. We have been fortunate in enlisting the interest and co-operation of Professor Tizard, the Head of Department of Child Health at Hammersmith Hospital who will examine any child with medical problems we refer to him and, if necessary treat him. If suitable adopters are found for a baby with a medical history Professor Tizard will personally see adopters and explain to them the nature of the problem. Paediatric consultants at other hospitals where the babies have been treated will also see adopters. Full medical reports are always sent to the Department and seen by the Deputy Medical Officer of Health. All medical reports on babies are seen and vetted by her and no baby is placed without her favourable endorsement on the medical certificate.

7. The Adopters:

i) Applications:

Couples are referred to us by Doctors, Medical Social Workers, Health Visitors, other Children's Departments or Adoption Societies or other adopters, some answer advertisements for a particular child and we are now beginning to receive applications for second children.

During the year ended 31st December, 1966, we received 86 applications; 14 came from the London Borough of Hammersmith, 30 from the Greater London Council area and 42 from outside the London area. It was found possible to approve 28 of these applicants.

During the first year all applications were considered without geographical restrictions. This proved to be unmanageable and it is the current practice to refuse applications from outside the Greater London area unless they are for "Hard to place" children.

ii) Procedure:

Couples are interviewed jointly by the Adoptions Officer in the office for a preliminary and general discussion about adoption and if they wish to proceed they are given application and medical forms.

On receipt of the completed application form, enquiries are made about the applicants of the Local Authority where they live, New Scotland Yard, two personal referees, and the applicants' General Practitioner.

If all is well further interviews are then arranged with each applicant individually and at least one interview must take place in the couple's home, when the premises are inspected. If the applicants have a child or children, there is at least one lengthy home visit when the children are there and awake.

All efforts are made to meet members of the extended family if there is close contact.

Referees who should be personal friends who have known the applicants for at least two years, are also interviewed.

When the Adoptions Officer is indecisive whether or not to recommend a couple as suitable, her Senior Child Care Officer visits the home to give a "Second opinion". If it is considered necessary and helpful to have a man's "Second opinion", the Deputy Children's Officer is asked to interview the applicants.

iii) Health:

Completed medical forms are usually returned direct by the examining doctor. If there are medical queries further enquiries are made with the applicant's permission and all reports and forms are submitted to the Deputy Medical Officer of Health for her signed approval. In some cases, the latter contacts other doctors to obtain further information. No application is submitted to the Panel without the signed approval on the medical form by the Deputy Medical Officer of Health.

iv) Rejections:

As can be seen from the figures given in 7(i) a large proportion of applicants are turned down. While it is desirable and good adoption practice to give a couple the opportunity to withdraw their application of their own accord this is not always achieved.

All applicants are told at the initial interview that the Authority can refuse an application without giving a reason. Nevertheless, if at all possible couples are told why their application has been refused. However, in some cases where adverse factors have become known to the Department in the course of their enquiries but not through the adopters themselves no reason can be given and a formal letter of rejection is then sent to the applicants in which they are invited to discuss the refusal in the office if they so wish.

8. Pre-adoptive Foster Homes:

The Department has a small number of foster mothers who are prepared to undertake this exacting task. They usually receive the baby at ten days of age after his discharge from hospital. They have frequent sleepless nights and when the baby is beginning to settle, he goes to his new home. These foster mothers must be prepared to deal with the natural mother who may be under severe emotional strain. They must also receive adopters in their homes and be prepared to teach

them how to handle a young baby. They must be able to give the baby good physical care and the love and patience he needs without getting too attached to him, and they must be discreet.

The babies we have placed in our foster homes have all thrived and developed well, and there is an urgent need to find more homes of this kind.

9. The Placement:

i) General

Views about "Matching" babies and adopters vary among individual adoption workers and the old argument about nature and nurture continues. While intelligent parents are more likely to have intelligent children, this is by no means certain, and little is still known about hereditary factors in mental illness. It is the task of the adoption worker to ascertain the applicants' expectation of an adopted child and also their degree of acceptance and tolerance about his background. In the course of interviews with applicants, some couples tend to accept too readily a difficult background in their anxiety to have a child at all cost. Other applicants have given deep thought to the kind of child they want.

The majority of adopters want a healthy baby and have special wishes as to his age, sex and background. While this Service makes no special claim to "Match" adopters and babies applicants are given the kind of child they ask for. This is another reason why it is important to have a long waiting list of adopters to choose from when a baby becomes available for adoption.

ii) Procedure:

When the Panel or a member of the senior staff in the Department has approved a proposed placement and the child has had a medical examination, the Adoptions Officer writes to the adopters informing them that a baby has become available giving some details about the child and his mother.

Since the Department began to function as an Adoption Agency no baby has been placed before the age of six weeks. This period gives the mother a breathing space to come to her difficult decision and makes it possible to observe the physical development of the child.

The adopters are told to contact the foster mother or Nursery where the baby is, to arrange a visit.

When the child is in a Mother and Baby Home adopters visit him there, the staff ensuring that mothers and adopters do not meet.

Where the mother has looked after the baby in her own home adopters are introduced to the child in the office again. Elaborate arrangements are necessary to avoid a meeting between the mother and applicants.

Adopters are always assured that if they cannot "Take" to a child this will not prejudice their future chances of having another baby offered to them.

All adopters must give themselves two or three days before informing the Department whether they wish to have the baby or not. When the baby is placed all Local Authorities involved are informed and the adopters are given practical help with milk tokens, medical cards, and such like. They are also given written instructions regarding all further action required. The mother is also informed of the placement.

10. Supervision Application and the Hearing:

Unless adopters live outside a 70 mile radius of the Borough, the Adoptions Officer continues to visit the family at regular intervals, while the child is a "Protected" child. The adopters are helped to complete application forms and a report is prepared for the Guardian ad Litem, on the circumstances of the placement.

The Adoptions Officer does not attend the Hearing unless compelled to do so by the Court to give evidence, or at the expressed wish of the adopters.

When the Order is made, all official contact with all couples concerned ceases. But applicants often wish to remain in touch with the Department and this is encouraged. It is hoped, when staffing is more adequate, to establish a follow-up service.

11. Guardian ad Litem Duties

During the year ended March, 1967, the Children's Officer was appointed Guardian ad Litem in 59 cases. These are undertaken in the Borough by the Special Court Officers who also advise members of the public involved in private adoption arrangements on legal matters.

When the Children's Officer is asked to act as an Agent for Guardians ad Litem outside the Borough, this task is usually undertaken by Senior Child Care Officers or Child Care Officers.

12. Welfare Supervision

In the Borough this is allocated to Child Care Officers. There were 22 such cases during the year ended March, 1967.

13. Liaison with London Boroughs

Children's Officers of the London Boroughs have felt it advantageous to hold meetings to discuss adoption matters generally. The meetings will be arranged by the Children's Officer for Hounslow. One meeting has already taken place and another is proposed for the near future.

FIGURES RELATING TO 1966

Reasons why children came into care

Death of mother	}	... .. 94
Deserted by mother		
Father not living with family and unable to cope		
No parent or guardian		1
Abandoned, deserted or lost		25
Long-term illness of parent or guardian		40
Temporary illness of parent or guardian		72
Separation of married parents		20
Separation of unmarried parents		4
Homeless (not evicted)		13
Homeless (evicted from ordinary accommodation)		9
Homeless (evicted from Part III accommodation)		23
Child illegitimate, mother unable to provide		68
Unsatisfactory home conditions not included under other headings		56
Other reasons under Children's Act (1948)		94
Fit persons orders (Offenders)		37
Fit person orders (Non-offenders)		124
Section 6(4) Children's Act (1948)		1
Total at 31st December, 1966		<u>681</u>

Type of Placement

At 31st December, 1966	In Borough Owned Estabs.	In Other Inner London Author. Estabs.	Inner London Educ. Author. Estabs.	Other Local Author. Estabs.	Private	Volunt.	Total
Reception Homes	3	15					18
Residential Nurseries	12	17		1	40	14	84
Small Family Homes	18	17					35
Other Children's Homes	28	69			39	102	238
Boarding Special Schools			26		1	7	34
Boarding Schools					11	9	20
Hostels		8			5	8	21
Home or Hostel for Handicapped children					2	5	7
Mother and Baby Homes					1		1
Partial total	61	126	26	1	100	144	458
Boarded out in Hammersmith							56
Boarded out outside Hammersmith							87
Residential Employment							3
Lodgings							14
C.Y.P.A. at Home							51
Others							12
Total at 31.12.66							681

The following table shows the results of the survey of public cleaning services in the United States, as conducted by the Bureau of Public Health, U.S. Department of Health, Education and Welfare, in 1961.

The following table shows the results of the survey of public cleaning services in the United States, as conducted by the Bureau of Public Health, U.S. Department of Health, Education and Welfare, in 1961.

RELATED SERVICES

Guiding Principles

The following table shows the results of the survey of public cleaning services in the United States, as conducted by the Bureau of Public Health, U.S. Department of Health, Education and Welfare, in 1961.

Request for Inspection

The following table shows the results of the survey of public cleaning services in the United States, as conducted by the Bureau of Public Health, U.S. Department of Health, Education and Welfare, in 1961.

Business Collection

The following table shows the results of the survey of public cleaning services in the United States, as conducted by the Bureau of Public Health, U.S. Department of Health, Education and Welfare, in 1961.

Refuse Collection

The following table shows the results of the survey of public cleaning services in the United States, as conducted by the Bureau of Public Health, U.S. Department of Health, Education and Welfare, in 1961.

The following table shows the results of the survey of public cleaning services in the United States, as conducted by the Bureau of Public Health, U.S. Department of Health, Education and Welfare, in 1961.

Part IV. Related Services

Public Cleansing Services

Guiding Principles

Maximum Service to the Public

Respect for Employees

Dustless Collection

Refuse Collection

Domestic Refuse from Smaller Properties

Refuse Bins

Refuse Vehicles

Method and Frequency of Collection

Bulk Refuse Collection from Flats

Refuse Bins

Refuse Vehicles

Method and Frequency of Collection

Unwanted Household Effects

Trade Refuse

Street Sweeping

Manual Sweeping

Mechanical Sweeping

Street Markets

Removal of Derelict & Abandoned Vehicles

Refuse Disposal

Matthew Hall Garchey System

Public Conveniences

Housing Services

Library Services

Baths and Laundries Services

Parks and Cemeteries

PUBLIC CLEANSING SERVICE

Responsibility for day-to-day organisation and control of the Cleansing Service is delegated by the Borough Engineer and Surveyor to the Cleansing Officer who is assisted by a Deputy and twelve junior officers.

The Services cover three main divisions of work:—

- Collection of household and trade refuse;
- Street sweeping and removal of abandoned vehicles;
- Public Conveniences.

Guiding Principles

In dealing with Public Cleansing the Council has adopted certain objectives which are:—

Maximum Service to the Public.

Public cleansing in general affects everyone and failure to achieve and maintain satisfactory services can result in serious public health and amenity problems for the community.

Respect for Employees

All forms of public cleansing work are basically unattractive, essential though they are. Every effort has been made, therefore, as a matter of policy to make work in this field as acceptable as possible to the individual employee and to recognise and acknowledge the importance of his work and, where practicable, to lighten his task by selection of right tools and equipment, reduction in weight of bins, and mechanisation. Wherever possible services are based on work studied methods and bonus incentive schemes applied.

Dustless Collection

From public health and amenity points of view, it is regarded as essential that the transfer of refuse from its source to point of disposal should be as dustless as possible. Such a policy is clearly complementary to that of establishing smoke control areas, but it is admitted that early methods of collection were often the source of offence and complaint to residents and passers-by. The introduction of dustless collection has been retarded by difficulties which have been largely overcome as described later.

Refuse Collection

A total of 64,257 tons of refuse of all kinds was collected and dealt with in the Borough during 1966/67, this service currently employed some 160 men and 46 vehicles at a net cost estimated at £329,891 for the present financial year, this figure including £26,400 for the provision of refuse bins and other improvements. As previously indicated, Work Study principles have been applied and a bonus incentive scheme devised which, on completion of the set daily task over each of the five days in the normal working week, yields an addition of 33¼% of the basic wage.

It has not yet been possible, since the formation of the new London Borough in April 1965, to provide the centralised facilities which are needed to enable maximum efficiency to be achieved, but much has already been done to provide a uniform service throughout the Borough.

DOMESTIC REFUSE FROM SMALLER PROPERTIES

Refuse Bins

Refuse is often accumulated by householders in a variety of containers ranging, despite the provisions of the Public Health Act, from normal dustbins to cardboard boxes. In adopting the principle of dustless loading of refuse, the Council quickly realised it was advantageous to use a standard-type bin which could be handled by a vehicle capable of emptying this without dissemination of dust and without the previous removal of the lid. The bin in use is manufactured by Thermoplastics Limited, distributed by Dennis Brothers Limited, and uses a high-density polythene on the injection moulding principle. The cost is £3.10.7d. per bin. Although empowered to make an annual charge not exceeding 7/6d. the Council decided to issue the new bins without charge in a phased programme which should be completed by 1971. By October, 1966, the southern part of the Borough was made completely dustless and some 36,000 bins had been issued. It is estimated that about 40,000 will be needed for the northern part of the Borough.

Refuse Vehicles

Vehicles which are designed for dustless loading work on the Oschner principle, the bin being lifted and discharged mechanically in such a way that it is emptied inside the vehicle without the emission of dust. Eleven such vehicles now operate in the southern part of the Borough and the current cost of the basic vehicle equipped with the double shutter is £5,909. Where dustless loading does not apply yet, the main vehicle in use is the Shelvoke and Drewry fore-and-aft tipper which has proved itself in service a sound and reliable vehicle.

Method and Frequency of Collection

Mainly as a result of work study, about 60% of the Borough is now given a twice weekly collection of household refuse (Mondays and Thursdays; Tuesdays and Fridays) and the remainder a once weekly collection (Wednesdays), selection being made to give the greater frequency of collection - as far as possible - to those areas having greatest need, i.e. those where property is in substantial multiple occupation.

BULK REFUSE COLLECTION FROM FLATS

Refuse Bins

These are mainly 30 cu. ft. steel bins, 3 ft. in diameter and approximately 3 ft. 9 in. high. The earlier bins were moved into and out of their housings on a trolley supplied with the vehicle, but the majority of the bins are now mounted on casters and cost £24.2.6d. per bin plus £3.2.6d. for lid where required. They are either housed in the block of flats they service - in which case they are fed by chutes - or are free standing with varying degree of cover. In such cases they are fitted with lids in which are smaller apertures (of the diameter of a normal dustbin) through which refuse is fed into the bin.

Refuse Vehicles

Dennis and Shelvoke & Drewry vehicles have been used but the Dennis "Paxit" vehicle, similar to that used for dustless loading, is now regarded and used as the standard type of vehicle. There is provision in its design for the compression of refuse, and 90 to 100 bins are emptied daily on each bulk refuse collection beat.

Method and Frequency of Collection

A twice weekly collection is given to all blocks of flats. Where at odd times an additional collection is necessary for any reason, this is given without question.

Unwanted Household Effects

Since the war there has been a remarkable turnover in the purchase and disposal of household furniture and fittings and the domestic refuse collection service became embarrassed by the bulkiness of articles put out for disposal or, alternatively, abandoned on war damaged sites and even on the highway. After a time the Council started to organise a service for the removal of unwanted furniture and other items on payment of modest scheduled charges, but more recently, because of the clear need for removal as a social service, this has been given free of charge.

Trade Refuse

The Council is required on request to remove trade refuse on payment of appropriate charges, and over 10,000 tons was removed during last year. Some of this is collected on the normal household collection beats where the material produced is capable of being put in ordinary household bins or alternatively in bulk containers.

STREET SWEEPING

It is becoming increasingly difficult to deal with the public cleansing of highways satisfactorily, for three main reasons – firstly, the astonishing increase in light litter and the dropping of this in the street despite the provisions of the Litter Act 1958; secondly, because of difficulties caused by the growth of motor parking on the highway; and thirdly, because of the reluctance of younger active men to enter this type of employment despite the offer of bonus incentives and attempts to introduce mechanical appliances to make the work more attractive.

The service has recently been completely reorganised following a work study examination and is now planned as follows:—

Manual Sweeping

The Borough is divided into 42 beats of which exactly half are three man team beats and the remainder are worked by one man only in each case. The teams are based on sub-depots in the Borough and their predetermined sweeping beats are related to these so that the greatest number of sweeping miles are obtained. There are approximately 130 miles of road in the Borough. Some lengths of road are swept continuously while others are swept twice daily.

Mechanical Sweeping

Unfortunately, mechanical sweeping does not provide the whole answer to labour problems because the parked vehicle very materially lowers the efficiency of the mechanical sweepers. There are objections to their use at night on noise grounds and night routes have to be carefully selected and are necessarily confined to main roads.

Attention has also been given to the possible use of mechanical sweeping on footways and a number of machines tried out. The greatest need for them is in shopping areas where the denser pedestrian usage does not make their use easy without some risk. Progress is being made in the development of footpath sweepers and the Council will avail itself of any machine which can achieve a satisfactory result in the conditions under which it must work.

Street Markets

There are in the Borough a number of street markets mainly catering for the sale of vegetables, fruit and flowers, but also other items from stalls. The largest of these markets is in North End Road which contains some 91 stalls but the others are materially smaller and do not present so great a cleansing problem. Large trailers are provided for the reception of refuse from the market, three being located in side roads off North End Road. These are progressively filled during the day and removed at night for emptying except on Fridays and Saturdays, an intermediate emptying during these days being often necessary because of heavier trading. At the end of the day there is always a quantity of litter left in the market area and special arrangements are made to remove this with a small gang and a Dennis "Paxit" vehicle.

Removal of Derelict and Abandoned Vehicles

This is a fairly recent addition to the problems of the cleansing service but is one that is becoming more extensive, particularly in the London area where the abandonment of vehicles on the highway gives rise to much risk of accident and serious offence to amenity. The Removal of Vehicles (England and Wales) Regulations 1961 give the Local Authority power to remove from the highway to safe storage any vehicles which appear to be abandoned and to dispose of these when all efforts to establish ownership have failed.

Refuse Disposal

Under the Local Government Act 1963 the final disposal of refuse became a function of the Greater London Council. The work is handled in co-operation with the London Borough, partly through Chancellor's Wharf which is basically a transfer station to which the local collection vehicles bring refuse for discharge on to a raised concrete platform from which it is fed into larger vehicles for conveyance to controlled tips in the outer London area; and partly through the Refuse Destructor which serves the Southern part of the Borough and has recently been constructed at a cost approaching £250,000.

Matthew Hall Garchey System

For the Town Mead and Margravine Estates, two of the most recent of the Council's housing estates to be opened, the Matthew Hall Garchey System of refuse disposal has been incorporated. In each flat the sink has been adapted to serve an appropriate container immediately below this. Any form of refuse up to certain size limits can be discharged into this container which is also filled with water from the normal use of the sink. When full, it can be discharged to a collecting sump which serves a number of flats and this in turn is connected to a main draw off pit at a suitable point to which the equipment of the special vehicle employed (at present on hire) can be attached. The vehicle is equipped to exhaust all the pits along particular connection lines on the estate. The material in the vehicle is then squeezed until almost dry and the water permitted to discharge into the sewer.

Public Conveniences

The Council provide and maintain 19 public conveniences and 7 urinals, the latter being in proximity to licensed premises. Both sexes are catered for in all but two of the main conveniences and washing facilities are also available. Where facilities are provided for both sexes, male and female staff are employed on a shift system to cover the hours of opening, normally from 7.30 a.m. until 11.30 p.m. In two instances (Hammersmith Broadway and Shepherds Bush) extended hours are worked to meet exceptional needs.

HOUSING SERVICES

Since the report made a year ago on the work of the Housing Service during the first year of the new Council's life, substantial progress has been made on the lines then indicated. A considerable number of new dwellings have been completed and occupied, which means not only that a substantial number of housing applicants have been housed, but also that further progress has been made in clearing sites for redevelopment and in transferring existing tenants in need of different accommodation from that which they occupied.

It should perhaps be mentioned that, in considering the allocation of any letting which becomes available, first preference is normally given to families living in redevelopment areas. This is done in order that the Council's building programme for the provision of new accommodation may proceed as rapidly as possible.

During the year under review one very interesting, and somewhat unusual, feature of the Council's work made considerable progress. The new London Borough continued the discussions which had taken place with the Metropolitan Borough of Hammersmith over a period about the redevelopment of an area in Shepherds Bush which has been highlighted by the Milner Holland Committee in its Report on "Housing in Greater London" which was published in March, 1965. This report made it clear that the houses, built about a hundred years previously as early suburban development for large families, had gradually deteriorated until multiple occupation under difficult conditions was rampant, and about a quarter of the houses on the estate had come to be controlled by Rachman and his associates.

The ground landlords wished to redevelop the site and suggested a mixed commercial and residential development. No progress could however be achieved until some arrangement for a "Housing bank" could be made, as the families living there had to be provided with other accommodation before their existing homes could be demolished and rebuilt. Negotiations resulted in the Council agreeing to act as this "Bank", in return (amongst other things) for the new dwellings which would be built. The first families moved out in November, 1966, and it was planned to move many more during 1967 so that the provision of new, and infinitely better, homes could begin.

This is an example, on a fairly large scale, of co-operation in the field of housing between public and private landlords, but the Council is also willing to consider helping any landlord who wishes to improve his property by conversion, but needs help in providing accommodation for his tenants while the work is being done. Discussions to this end were, in fact, in progress with a number of private landlords during the year in question.

Apart from work on the Parways scheme, as the Shepherds Bush redevelopment is known, considerable forward planning took place on the Council's own building programme. Although primarily the responsibility of the Borough Architect and Planning Officer, the Housing Manager is closely consulted on any new development. On his advice the Council agreed that for some time at least the types of new dwellings to be built should be approximately 50% one-bedroom, 30% two-bedroom, and 20% three-bedroom. This takes account of the sizes of dwellings needed by applicants on the waiting list, the needs of people being moved from redevelopment sites, and the numbers of existing Council tenants who need a different size letting from that which they now occupy. As soon as more one-bedroom dwellings are available, a considerable number of tenants who wish to move to such lettings can be transferred, thus making available their present flats for larger families. As well as this advice on the sizes of homes needed, the Housing Manager discusses very fully with the Borough Architect the detailed lay-out and design of new estates, the amenities to be provided, and also planning of the individual types of flats. The form of space and water heating to be used, and the types of windows and fittings to be provided, are also among the points discussed; and attempts are constantly made to improve on what has been done before as experience is gained of the great technological advances made in these matters during recent years.

As envisaged in last year's report, the Housing Welfare Service has been expanded and the officers concerned have worked closely with their colleagues in the Services under the control of the Medical Officer of Health and Director of Social Services. Work at this level is most important for the welfare of the residents of the Borough, because each problem which arises is an individual one and, although dealt with within the framework of the Council's policy, must be solved individually. Many such problems arose during the year, and a large proportion of them solved; in other cases, longer-term work will be needed and this will be continued in 1967.

LIBRARY SERVICES

A personal delivery service of books is made to approximately 155 permanently house-bound people. A library van visits these people fortnightly, taking a Library Assistant, and leaves as many books as are required to last for the next two weeks. Any particular title in which the reader is interested will be brought at a later visit.

Collections of books are maintained at three homes for old people, namely Westway Park Old People's Home, Southway Close Home, and the Centre at 726/728 Fulham Road. These collections are looked after by the Libraries' staff and changed from time to time as required.

The libraries have good collections of large-print books produced specially for the needs of people with poor sight. This Ulverscroft series, as it is known, can be borrowed from any of the libraries and is also supplied both to the permanently house-bound people and the old people's homes.

The Libraries Committee makes a contribution to the National Library for the Blind which supplies Braille books to the home for the blind maintained by the Council at Wimbledon, and by post direct to blind readers resident in the Borough.

BATHS AND LAUNDRIES SERVICE

Baths and Laundries Department

The services provided by the Baths and Laundries Department, i.e. swimming baths, private warm baths and public laundries, are closely associated with the work of the Health and Welfare Department.

There is little need to elaborate on the health-giving and recreational advantages of swimming, facilities for which are provided at the Council's three bathing establishments at North End Road and Lime Grove both Summer and Winter and at Bloemfontein Road open-air pool during the Summer months.

Every week-day from 9 a.m. till 4.30 p.m. as part of the school curriculum, children from all the schools in the Borough attend the Baths in classes of approximately thirty for half-hourly swimming lessons. They are taught by qualified instructors first to swim and then progress to advanced swimming, diving and life-saving. 112,278 children from Inner London Education Authority and private schools attended the Baths for lessons in swimming during 1966.

Following the school periods the pools are available to the public and every evening large numbers of adults, teenagers and children take advantage of the facilities. On any hot evening during the Summer the capacity is taxed to the utmost and queues wait to get into the Baths for a swim.

An innovation which may be of interest is family swimming on Sunday morning when one pool is allocated for family swimming only. It is surprising to see the large number of parents who come with their children from one year upwards, to teach them to swim and to enjoy this health-giving recreation.

From 9-10 p.m. each evening the pools are allocated to various youth clubs, institutes or local firms and associations for club swimming. These club hours are in great demand and are fully booked months in advance.

Although the demand for private washing baths has slightly decreased during the past few years due to many new and properly-equipped housing developments, there is still a great call for this service particularly on Thursdays, Fridays and Saturdays. Ordinary private baths and showers are provided, whilst towels and soap are also available. The shower baths are particularly popular with the coloured residents in the Borough who attend regularly two or three times a week, which has helped to keep the attendances high.

Approximately 160 baths or showers are provided at North End Road, and Lime Grove and the average number using these on a Saturday is 2,000. The number of warm baths given during 1966 was 325,717.

Laundry facilities are also provided at the North End Road, Sands End and Lime Grove establishments, by which a full family wash as heavy as 20lbs. can be washed, dried and ironed at the very moderate cost of 2/6d. Full advantage is taken of these amenities, as proved by the number of attendances which, during the year under review, was 137,323.

It is the intention during 1966, to convert Hartismere Road Laundry so that it will provide a coin-operated launderette service.

During the Winter months the demand for swimming decreases and for many years it has been the Council's policy at the week-ends to floor over one of the pools at each of the two main establishments, thus providing suitable halls for indoor sports such as bowls, table-tennis and badminton. Dances, boxing and other functions are held all of which are well attended.

PARKS AND CEMETERIES

The responsibilities of the Parks and Cemeteries Service extends well beyond the limitations of the Parks, Open Spaces and Cemeteries that must be well known to the public. Generally speaking, anything of a horticultural nature relating to property owned or used by the Council is, by and large, the responsibility of the Parks and Cemeteries Service. Similarly, the landscape of all new buildings, and this applies particularly to housing accommodation environs, is undertaken by the Parks Service.

In an area such as Hammersmith, heavily built up, with fewer and generally smaller rear gardens than more fortunate Boroughs, the Parks system is important in providing facilities for healthy outdoor exercise; and for the less athletic members of the public, areas of breathing-space for quiet relaxation. The Parks system becomes increasingly important in modern life with the extended hours for leisure given to the community; and only constant thought can ensure that the necessary facilities and opportunities for play and relaxation are offered to the public, catering as the Service does for those of every age.

A new venture this season is the inception of a Pre-School Play Group. The Baths, Parks and Cemeteries Committee approved the use of a building in South Park for the use of the Group, which is under the guidance of the National Pre-School Play Groups. The scheme helps young children of 3 - 5 years to adjust themselves to separation from their mothers in preparation for the longer separation which school-age will bring. It also assists the mother by removing her family ties for a period each day. The supervision of the children is carried out by a group of voluntary workers made up of mothers from the area.

Bishops Park and South Park provide "Toddlers Greens", where smaller play apparatus is installed for the use of children up to the age of 5 years. Parents or responsible adults are allowed to enter these areas with the children, but a female attendant is there to see to the needs of the young ones and keep a watchful eye on them. This gives the mothers an all-too-infrequent chance to relax, happy in the knowledge that their charges are in safe keeping.

For the older children there are areas with the usual playground equipment, close to which are paddling pools, sand play-pits and hard-surface areas where ball games and other activities may be indulged. Four of the hard-surface playgrounds are floodlit and provide further organised play supervised by play-leaders, especially during the Winter months. An extended period of play until 9 p.m. each day helps to keep the children off the streets and directs their energies into healthy play and exercise. All attendants have a knowledge of elementary first-aid and are schooled in the procedure to adopt should a serious accident occur.

For the older or less active members of the public the Parks Service provides and maintains pleasant tree-lined walks and flower beds, and offers rest by the provision of park seats and deck chairs. Should they require more exercise than walking but less strenuous games than the young people play, then the bowling greens can usually cater for their needs.

In a built-up area such as the Borough of Hammersmith where there are few gardens of noteworthy size, the allotments in Bishops Park provide the means for the adult to cultivate his plot of land. These fill a great need in this area as shown by the considerable numbers on the waiting list.

The availability of land for parks development is obviously limited in this Borough and is well below that recommended. However, the Parks Service endeavours where possible, with other Departments of the Council, to increase the provision of open space and trees. Three more housing estates have been landscaped this year, new trees planted in streets, and a programme planned for similar future expansion. In other ways too, it is hoped to provide for added leisure and activity in the open air, surrounded by greenery.

The London Borough of Hammersmith provides, in its Parks and Open Spaces, the following facilities for games and recreation:—

	Furnival Gardens	Bishops Park	South Park	Lillie Rd., Recreation	Margravine Playground	Langford Gardens	Wendell Park	Wormholt Park
Bowling Greens		2						1
Tennis Courts		15	6					4
Putting Greens — 18 holes		1						
Cricket Pitches		1	2					
Cricket Nets				2				
Football Pitches		2	4	1				
Paddling Pools		1	1					
Sandpits		1	1					
Toddlers Greens		1	1					
Open Air Theatre		1						
Refreshments	1	2	1					
Allotments		384						
Playgrounds — Floodlit (hard area)			2		1	1		
Playgrounds — Children's			1	1	1	1	1	1

Disposal of the Dead

The disposal of the dead is another responsibility of the Parks and Cemeteries Service and for this purpose four cemeteries are provided and maintained:—

Mortlake Cemetery Clifford Avenue, S.W.14.

North Sheen Cemetery Lower Richmond Road, Richmond.

Fulham Palace Road Cemetery Fulham Palace Road, S.W.6.

Margravine Road Cemetery Margravine Road, W.6.

The two older cemeteries at Margravine Road and Fulham Palace Road have no further burial spaces, except that in the latter a limited number of non-private graves are still available but only for residents of the Borough.

Margravine Road Cemetery, of approximately 16½ acres, is gradually being converted to a garden of rest for the benefit of mourners and visitors alike. The transformation, approximately two-thirds complete will, when finished, present a tidier, more attractive appearance with close-mown areas and flower beds than the previous hotch-potch of neglected grave spaces and memorials.

At present the four Cemeteries receive some 1,500 interments per annum and provide contract maintenance for the planting and tidying of approximately 3,500 graves.

At the present rate of progress it is estimated that new burial land will be required in some 15 - 20 years. Perhaps by that time the public will be even less opposed to cremation than they are today. The local figures for cremation in comparison with earth burials show a percentage more or less the same as the national average. The London Borough of Hammersmith, in association with some other West London Boroughs, provides a Crematorium adjacent to Hammersmith Cemetery, Mortlake.

STATISTICAL TABLES

PART V

STATISTICAL TABLES

TABLE 1. - Deaths in the United States, 1950											
Cause of death	Age group										
	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+
Heart disease	1.2	1.5	1.8	2.1	2.4	2.7	3.0	3.3	3.6	3.9	4.2
Cancer	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Stroke	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Pneumonia	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Tuberculosis	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Diabetes	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Alcoholism	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Drug poisoning	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Accidents	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Violence	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
Unspecified	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1
TOTAL	2.8	3.6	4.5	5.4	6.3	7.2	8.1	9.0	9.9	10.8	11.7

TABLE 1. Causes of death at different periods of life during 1966.

TABLE 2. Notifications of Infectious Diseases in 1966.

TABLE 3. Fulham Chest Clinic – Number of cases of tuberculosis under treatment or observation on 31st December, 1966.

TABLE 4. Fulham Chest Clinic – Number of new cases of respiratory tuberculosis, including those under observation, during 1966.

TABLE 5. Fulham Chest Clinic – Number of new cases of non-respiratory tuberculosis during 1966.

TABLE 6. Hammersmith Chest Clinic – Summary of notifications during 1966.

TABLE 7. Hammersmith Chest Clinic – Cases notified and deaths in the past ten years.

TABLE 8. Sanitary Inspections, 1966.

TABLE 9. Factories Act 1961 – Defects found in factories, offices and shops, 1966.

TABLE 10. Factories Act 1961 – Inspections in 1966, cases in which defects were found, and outwork.

TABLE 11. Food and Drug Samples examined during 1966.

TABLE 12. Unsound food condemned, (frozen foods), 1966.

TABLE 13. Unsound food condemned, 1966.

TABLE 14. Sampling – complaints received and action taken.

TABLE 15. Offices, Shops and Railway Premises Act, 1963.

(A) Registrations & General Inspections

(B) Analysis of Contraventions

(C) Exemptions

(D) Prosecutions

(E) Reported Accidents

(F) Analysis of Reported Accidents

TABLE 16. West London Hospital V.D. Clinic – Number of new cases in 1966.

Table 1

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966

CAUSE OF DEATH	SEX	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over	
1. TUBERCULOSIS, RESPIRATORY	M F	10 4	— —	— —	— —	— —	— —	— —	1 —	— 1	2 2	5 1	2 —	
2. TUBERCULOSIS, OTHER	M F	— 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	
3. SYPHILITIC DISEASE	M F	2 1	— —	— —	— —	— —	— —	— —	— 1	— —	— —	1 —	1 —	
6. MENINGOCOCCAL INFECTIONS	M F	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
9. OTHER INFECTIVE AND PARASITIC DISEASES	M F	2 4	— —	— —	1 —	— 1	— —	— —	— —	— 1	1 2	— —	— —	
10. MALIGNANT NEOPLASM, STOMACH	M F	39 24	— —	— —	— —	— —	— —	— 1	— 2	1 2	14 2	16 9	8 10	
11. MALIGNANT NEOPLASM, LUNG, BRONCHUS	M F	164 39	— —	— —	— —	— —	1 —	5 1	15 8	53 10	57 17	33 3	3 3	
12. MALIGNANT NEOPLASM, BREAST	M F	— 47	— —	— —	— —	— —	— 1	— 2	— 13	— 6	— 12	— 13	— 13	
13. MALIGNANT NEOPLASM, UTERUS	F	15	—	—	—	—	—	1	2	5	5	2	2	
14. OTHER MALIGNANT AND LYMPHATIC NEOPLASMS	M F	135 135	— —	— —	1 —	— 4	2 3	3 4	14 8	38 32	43 41	32 43	32 43	
15. LEUKAEMIA, ALEUKAEMIA	M F	5 7	— —	— 1	— —	— —	— —	1 2	— 1	1 —	— 2	— 3	1 1	
16. DIABETES	M F	7 12	— —	— —	— —	1 —	— —	— 1	— —	1 —	— —	2 3	3 8	
17. VASCULAR LESIONS OF NERVOUS SYSTEM	M F	81 155	— —	— —	— —	— —	— —	1 1	9 4	19 21	17 39	35 90	35 90	
18. CORONARY DISEASE, ANGINA	M F	298 216	— —	— —	— —	— —	2 —	6 —	40 4	76 25	88 60	86 127	86 127	
19. HYPERTENSION WITH HEART DISEASE	M F	7 16	— —	— —	— —	— —	— —	— —	— —	3 —	3 1	1 15	1 15	
20. OTHER HEART DISEASE	M F	87 128	— —	— —	— —	1 1	2 1	— 1	4 4	12 2	19 11	26 26	46 85	
21. OTHER CIRCULATORY DISEASE	M F	43 77	— —	— —	— —	— —	— —	1 1	1 5	13 4	11 23	17 44	17 44	
22. INFLUENZA	M F	2 2	— —	— —	— —	1 —	— —	— —	— —	— —	— —	2 —	1 —	
23. PNEUMONIA	M F	84 88	2 1	9 4	2 —	— —	— —	1 —	2 1	9 4	17 11	42 67	42 67	
24. BRONCHITIS	M F	110 63	— —	— —	— —	— —	— —	— —	5 1	22 9	37 13	46 40	46 40	
25. OTHER DISEASES OF RESPIRATORY SYSTEM	M F	18 2	— —	— —	— —	— —	— —	— —	— —	7 1	3 1	8 —	8 —	
26. ULCER OF STOMACH AND DUODENUM	M F	17 7	— —	— —	— —	— —	— —	— —	— —	5 3	5 —	7 4	7 4	
27. GASTRITIS, ENTERITIS AND DIARRHOEA	M F	7 6	— —	1 —	— —	— —	1 1	— —	— —	1 —	3 1	1 4	1 4	
28. NEPHRITIS AND NEPHROSIS	M F	6 7	— —	— —	— —	— —	— —	3 1	1 —	— —	1 3	1 3	1 3	
29. HYPERPLASIA OF PROSTATE	M	3	—	—	—	—	—	—	—	—	—	—	3	
30. PREGNANCY, CHILDBIRTH, ABORTION	F	1	—	—	—	—	1	—	—	—	—	—	—	
31. CONGENITAL MALFORMATIONS	M F	11 11	7 3	— 1	3 1	— —	— 1	1 —	— 1	— 1	— 2	— 1	— 1	
32. OTHER DEFINED AND ILL-DEFINED DISEASES	M F	81 110	29 18	1 2	2 —	1 3	1 —	2 4	1 2	5 6	12 24	15 16	12 35	
33. MOTOR VEHICLE ACCIDENTS	M F	14 10	— —	— —	— 1	— —	4 1	1 1	3 —	— 1	2 3	1 2	3 1	
34. ALL OTHER ACCIDENTS	M F	34 24	1 —	1 —	3 3	2 1	— —	6 2	5 —	1 4	6 3	5 2	4 9	
35. SUICIDE	M F	16 13	— —	— —	— —	— —	2 —	2 2	6 3	1 1	4 2	1 5	— —	
36. HOMICIDE AND OPERATIONS OF WAR	M F	2 4	— —	— —	— —	— —	— 2	1 1	— —	— —	1 —	— —	— 1	
TOTAL ALL CAUSES	M	1,286	39	13	11	5	11	18	42	100	301	351	395	
	F	1,229	22	8	6	5	10	17	21	66	168	300	606	
GRAND TOTAL		2,515	61	21	17	10	21	35	63	166	469	651	1,001	

TABLE 2

NOTIFICATIONS OF INFECTIOUS DISEASES IN 1966

DISEASES	NOTIFICATIONS								Total cases notified	Cases removed to Hospital	Deaths	Corrected Figures 1	Non-resident
	0 - 1 years	1 - 2 years	2 - 5 years	5 - 15 years	15 - 25 years	25 - 45 years	45 - 65 years	65+ years					
Scarlet Fever	—	—	10	18	1	—	—	—	29	3	—	29	—
Whooping Cough	16	22	39	43	—	1	1	—	122	7	—	122	—
Acute Poliomyelitis (Par.)	—	—	—	—	—	—	—	—	—	—	—	—	—
" " " (Non-Par.)	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	70	172	559	422	8	2	—	—	1233	28	—	1233	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	—	—	—	1	1	5	—	8	5	—	8	—
Dysentery	12	22	62	98	17	40	5	2	258	25	—	257	4
Acute Encephalitis (Inf.)	—	—	—	—	—	—	—	—	—	—	—	—	—
" " " (Post Inf.)	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	1	—	—	—	1	1	—	1	1
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	1	—	8	1	10	3	—	10	—
Meningococcal Infection	3	—	—	—	—	—	—	—	3	3	—	3	—
Food Poisoning	1	3	5	—	7	7	4	2	29	10	—	29	4
Puerperal Pyrexia	—	—	—	—	22	28	—	—	50	—	—	50	25
Ophthalmia Neonatorum	5	—	—	—	—	—	—	—	5	—	—	5	1
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis (Pulmonary)	—	—	3	2	11	33	28	12	89	45	4	89	—
" " (Non-Pulmonary)	—	—	—	1	7	6	3	2	19	11	—	19	—
TOTALS	108	219	678	584	76	118	54	19	1,856	141	4	1,855	35

TABLE 3

**FULHAM CHEST CLINIC – NUMBER OF CASES OF TUBERCULOSIS
UNDER TREATMENT OR OBSERVATION ON 31st. DECEMBER, 1966.**

	RESPIRATORY				NON-RESPIRATORY			
	Men	Women	Children	Total	Men	Women	Children	Total
On Register	284	235	5	524	48	41	17	106
T.B. Observation	129	100	1	230	—	—	—	—

TABLE 4

**FULHAM CHEST CLINIC – NUMBER OF NEW CASES OF RESPIRATORY
TUBERCULOSIS INCLUDING THOSE UNDER OBSERVATION DURING 1966**

	NON-BACTERIOLOGICALLY CONFIRMED				BACTERIOLOGICALLY CONFIRMED			
	Men	Women	Children	Total	Men	Women	Children	Total
Group 1	4	8	1	13	12	9	—	21
Group 2	1	1	—	2	4	2	—	6
Group 3	—	—	—	—	—	—	—	—
Totals	5	9	1	15	16	11	—	27
T.B. Observation	12	11	4	27	—	—	—	—

TABLE 5

**FULHAM CHEST CLINIC – NUMBER OF NEW CASES OF
NON-RESPIRATORY TUBERCULOSIS DURING 1966**

Men	Women	Children	Total
3	2	1	6

TABLE 6

**HAMMERSMITH CHEST CLINIC -
SUMMARY OF NOTIFICATIONS DURING 1966**

AGE PERIODS	FORMAL NOTIFICATIONS													
	Number of Primary Notifications of New Cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75+	Total (all ages)
Respiratory, Males	-	-	2	1	-	2	2	12	9	9	13	5	5	60
Respiratory, Females	-	-	1	1	-	-	7	9	3	2	3	2	1	29
Non-Respiratory, Males	-	-	-	1	-	-	1	1	1	-	2	-	1	7
Non-Respiratory, Females	-	-	-	-	-	3	3	3	1	1	1	-	-	12

TABLE 7

**HAMMERSMITH CHEST CLINIC -
CASES NOTIFIED AND DEATHS IN THE PAST TEN YEARS**

Year	No. of Cases Notified			No. of Deaths	No. of Cases on Register of Notifications
	Pulmonary	Non-Pulmonary	Total		
1956	287	20	307	31	2,939
1957	242	24	266	32	2,881
1958	215	16	231	32	2,849
1959	218	14	232	22	2,843
1960	169	25	194	11	2,757
1961	149	21	170	9	2,662
1962	142	19	161	15	2,664
1963	117	27	144	22	2,582
1964	121	14	135	11	2,570
1965	116	33	149	3	2,282
1966	89	19	108	15	*1,377

Average number of cases notified for the 10 years 1956/1965 (inclusive) - 198.9

Average number of deaths for the 10 years 1956/1965 (inclusive) - 18.8

* This figure is for Hammersmith Chest Clinic only - previous figures are for Fulham and Hammersmith Chest Clinics added together.

TABLE 8

SANITARY INSPECTIONS, 1966

Cause of Inspection	No. of Inspections	No. of Re-visits	No. of Notices Served	No. of Notices Complied With
HOUSING				
Housing Act 1957	1073	16	2	—
House to House	12	—	—	—
Housing Defects	3304	8007	1818	1562
H.M.O.	804	187	146	3
Overcrowding	58	1	1	—
Re-Housing Applications	293	—	—	—
Rent Act	9	—	—	—
Moveable Dwellings	15	—	—	—
Drainage	4722	275	2	28
Refuse Accommodation	28	13	2	3
FOOD PREMISES				
Bakers	116	7	6	2
Bakehouses	45	10	2	3
Butchers	236	12	10	1
Chemist	33	3	6	—
Confectioners	128	3	8	1
F. Fish	59	6	2	1
Wet Fish	68	—	—	—
Grocers	733	28	15	5
Greengrocers	155	8	12	2
Ice-cream	145	1	4	—
Milk Vendor	192	—	—	—
Provisions	125	—	—	—
Caterers	828	29	25	17
Markets	157	—	—	—
Licensed Premises	192	3	10	1
Sampling	617	—	—	—
LICENCES				
Hairdressers and Barbers	46	3	2	—
Club Licensing	8	—	—	—
Pharmacy and Poisons	40	—	—	—
Pet Animals	29	—	—	—
Animal Boarding	—	—	—	—
Rag and Flock	1	—	—	—
Factory (M)	467	1	12	10
Factory (Non M)	41	—	—	—
Outworkers	64	—	—	—
Offices and Shops	1484	1044	369	460
Noise	403	18	—	—
Public Urinals	18	—	—	—
Fireguard Regulations	31	—	—	—
Nightdress Regulations	—	—	—	—
Infectious Disease	336	4	—	—
Rats and Mice	268	—	—	—
Pigeons	104	1	—	—
Clean Air	4151	80	2	—
Miscellaneous	3548	124	65	28
No Access	6310	—	—	—
TOTALS	31,496	9,884	2,521	2,127

TABLE 9

**FACTORIES ACT, 1961 – DEFECTS FOUND IN FACTORIES,
OFFICES & SHOPS, 1966**

Sanitary Accommodation:	No. of Defects			Notices Served						Prosecutions		
	Found			Int.			Comp.					
	F.	O.	S.	F.	O.	S.	F.	O.	S.	F.	O.	S.
Insufficient	2	—	—	2	—	—	1	—	—	—	—	—
Unsuitable/Defective	10	—	—	10	—	—	9	—	—	—	—	—
TOTAL	12	—	—	12	—	—	10	—	—	—	—	—

TABLE 10

FACTORIES ACT, 1961 – INSPECTIONS IN 1966

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	233	41	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	893	467	12	—
(iii) Other premises in which Section 7 is enforced by the Local Authority, (excluding outworkers' premises)	—	—	—	—
Total	1,126	508	12	—

CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of Cases in which Defects were found				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	1	—	—	—
(b) Unsuitable or defective	10	9	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	12	10	—	—	—

TABLE 10 (contd.)

OUTWORK

	Section 110			Section 111		
	No. of Outworkers in August list required by Section 110 (1) (C)	No. of Cases of Default in Sending Lists to the Council	No. of Prosecutions for failure to Supply Lists	No. of Instances of Work in unwholesome Premises	Notices served	Prosecutions
Wearing Apparel – Making etc.	64	—	—	—	—	—
Curtains & Furniture Hangings	3	—	—	—	—	—
Furniture & Upholstery	4	—	—	—	—	—
Artificial Flowers	13	—	—	—	—	—
Paper Bags	8	—	—	—	—	—
Making of boxes etc.	10	—	—	—	—	—
Carding etc. of buttons etc.	27	—	—	—	—	—
Stuffed toys	8	—	—	—	—	—
Lampshades	4	—	—	—	—	—
Costume Jewellery	4	—	—	—	—	—
	145	—	—	—	—	—

TABLE 11

LIST OF FOOD AND DRUG SAMPLES EXAMINED DURING 1966

Article	Number Examined				Number Adulterated			
	Formal	Informal	Complaint	Total	Formal	Informal	Complaint	Total
Ale	4			4				
Angelica		1		1				
<i>Beverages</i>								
Cocoa		4		4				
Chocolate, prepared		1	1	2				
Coffee, prepared		1	1	2				
Tea, prepared		1	1	2				
Malt		1		1				
Biscuits		7		7				
Bread		3	4	7			4	4
Butter, peanut		1		1				
Cakes		3	3	6			2	2
Cake decoration		1		1				
Cake & Pastry Mix		2		2				
<i>Cereals</i>								
Barley, pearl		1		1				
Breakfast food		2		2				
Corn meal		1		1				
Custard powder		5		5				
Flour	1	10		11				
Porage oats			1	1			1	1
Rice		3		3				
Semolina		2		2				
Sweetcorn		1		1				
Wheat Embryo		1		1				
<i>Cheese</i>								
Hard		46		46				
Processed		6		6				
Soft		5		5				
Welsh rarebit		1		1				
Coffe extract		2		2				
Colouring		4		4				
Confectionery		44		44				
Confectionery Dietetic		2		2		2		2
Cream	4	14	1	19	2	2	1	5
Cream soured		1		1				
Cream of Tartar		1		1				
Dessert mix		2		2				
<i>Edible Fats</i>								
Butter		14	1	15				
Dripping		3		3				
Margarine		21		21				
Suet		5		5				
<i>Fish</i>								
Bottled		1		1		1		1
Canned		17		17		1		1
Paste		2		2				
Frozen		1		1				
Cod Roe		1		1				
Flavouring	1	8		9				
<i>Fruit</i>								
Canned		18	2	20		2		2
Crystallised ginger		1		1				
Dried		31		31				
Fresh		12	1	13				
Fruit & Nuts		3		3				
Glace		8		8		2		2
Juice		10		10				
CARRIED FORWARD	10	336	16	362	2	10	8	20

TABLE 11 (contd.)

Article	Number Examined				Number Adulterated			
	Formal	Informal	Complaint	Total	Formal	Informal	Complaint	Total
BROUGHT FORWARD	10	336	16	362	2	10	8	20
<i>Fruit (contd.)</i>								
Tomatoes canned		4		4				
Tomato juice		5		5				
Tomato paste		1		1				
Peel-cut		5		5				
Syrup	1			1				
Gelatine		2		2				
Glass			1	1			1	1
Gravy		4		4				
Herbs		6		6				
Ice Cream		17		17				
Ice Lollies		2		2				
Infant food		4	1	5				
Jellies		5		5				
<i>Jams & Preserves</i>								
Honey		3		3				
Jams & Jellies		29		29		2		2
Marmalade		15		15				
Mincemeat		7		7				
Liquid from bucket			1	1			1	1
Macaroni products		5	1	6		1	1	2
Marzipan		4		4				
<i>Meat Products</i>								
Meat raw		6		6				
Smoked sausage		7		7				
Brawn		4		4				
Canned meat	2	48	3	53	2	4	2	8
Meat in jelly		7		7		1		1
Croquet		1		1				
Meat paste		9		9		2		2
Meat extract		1		1				
Meat pies		12	2	14			1	1
Meat puddings		4		4				
Sausages	4	46	1	51	3	6	1	10
Shepherds Pie			1	1			1	1
Tripe		1		1				
Metal in Plums & Custard			1	1			1	1
Mousse		1		1				
<i>Milks</i>								
Bottles			9	9			9	9
Buttermilk		2		2				
Condensed		24	2	26		1		1
Dried		5	1	6				
Fresh	5	64		69				
Milk shake syrup		2		2				
Topping		3		3				
Yoghourt	1	11		12	1	3		4
<i>Nuts</i>								
Almonds		3		3				
Coconut dessicated		5		5				
Nuts		1		1				
Nut rings		1		1				
Peanuts		1		1				
Pecan nuts		1		1				
Pastry		1		1				
Pancake & Frying Pan			1	1			1	1
Pickles	1	7		8		1		1
Pie filling		1		1				
CARRIED FORWARD	24	733	41	798	8	31	27	66

TABLE 11 (contd.)

Article	Number Examined				Number Adulterated			
	Formal	Informal	Complaint	Total	Formal	Informal	Complaint	Total
BROUGHT FORWARD	24	733	41	798	8	31	27	66
<i>Puddings</i>								
Mix		1		1				
Milk		2		2				
Christmas		3		3				
Yorkshire		1		1				
Sauce	1	19		20	1	4		5
Salt		3		3				
<i>Soft Drinks</i>								
To be diluted		10	3	13				
Ready to drink		20	1	21			1	1
Tonic Water		3		3				
<i>Soup</i>								
Canned	2	4	1	7		1		1
Dried	1	15		16				
Spices	3	32		35		4		4
<i>Spirits</i>								
Brandy	1			1				
Gin	12			12				
Rum	1			1				
Vodka	5			5				
Whisky	25			25	1			1
Spreads savoury	1	19		20	1	1		2
Spreads sweet		2		2				
Sweetmeat Indian		3		3				
Stuffing		3		3				
Sugar, Demerara		2		2				
Tea		5		5				
<i>Vegetables</i>								
Canned	2	25	1	28	1	2	1	4
Dried		3		3				
Frozen		3		3				
Vinegar	2	6		8	1			1
Vegetarian food		1		1				
<i>Wines</i>								
Sherry	2			2				
Red wine	1			1				
White wine	2			2				
<i>Drugs</i>								
Antibiotic lozenges		1		1				
Gee's Linctus			1	1			1	1
Healing Oil		1		1		1		1
Tonic Wine		1		1		1		1
Vitamin tablets		1		1				
Yeast extract		1		1				
TOTALS	85	923	48	1,056	13	45	30	88

TABLE 12

UNSOUND FOOD CONDEMNED, (FROZEN FOODS), 1966

Bacon	50 pkts.	Fruit	5 pkts.
Beefburgers	371 pkts.	Hamburgers	33 pkts.
Cheeseburgers	4 pkts.	Ice cream	83 pkts.
Chickens (whole)	32	Ice lollies	103
Chicken quarters	38	Meat	613 pkts.
Chicken joints	3 boxes	Meat pies	127
Chicken dinners	6	Mousse	396 pkts.
Chicken meat	6 tins	Pastry	91 pkts.
Chicken pies	114	Peas	2,414 pkts.
Chips	234 pkts.	Rissoles	194 pkts.
Corn	22 pkts.	Sausage rolls	15 pkts.
Cream cakes	30	Shepherds pie	19 pkts.
Fish	1,059 pkts.	Steakburgers	388 pkts.
Fish cakes	284 pkts.	Turkeys (whole)	3
Fish fingers	778 pkts.	Vegetables	1,358 pkts.

TABLE 13

UNSOUND FOOD CONDEMNED, 1966

Bacon	4 sides	Herbs	87 lbs.
Bacon	9½ lbs.	Lard	20½ lbs.
Baked beans	28 tins	Margarine	60 lbs.
Baking powder	173 pkts.	Meat (fresh)	2,343½ lbs.
Barley	112 lbs.	Meat (cooked)	16 lbs.
Biscuits	526 lbs.	Meat	510 tins
Biscuits	2 boxes	Meat paste	10 jars
Bread	34 loaves	Meat pies	31
Butter	39½ lbs.	Milk	418 tins
Butter	16 tins	Milk powder	168 lbs.
Cakes (single)	224	Nuts	92½ lbs.
Cakes	39 pkts.	Offal	1,805½ lbs.
Cake and pudding mixes	35 pkts.	Oil	96 tins
Cereals	169 pkts.	Peas	519 tins
Cereals	675 lbs.	Peas (fresh)	40 lbs.
Cheese (cream)	17 boxes	Pickles	112 jars
Cheese	203½ lbs.	Potatoes	94 cwts. 88 lbs.
Chickens (whole)	2	Potato crisps	39 pkts.
Chicken	4 tins	Preserves	284 jars
Chocolate	30½ lbs.	Preserves	109 tins
Chocolate	37 pkts.	Rusks	45 pkts.
Chocolate eggs	68	Sausages	270½ lbs.
Coffee	31 tins	Sausages	47 tins
Condiments	288 tins	Sausage rolls	52
Condiments	42 btls.	Soft drink	41 tins
Custard powder	13 pkts.	Soup	33 tins
Eggs	24 doz.	Soup	613 pkts.
Eggs (pickled)	8 jars	Spices	6 pkts.
Fish (wet)	2,583 lbs.	Suet	24 pkts.
Fish (tinned)	785 tins	Sugar	180 lbs.
Fish paste	21 jars	Sweets	19½ lbs.
Flavouring essence	13 pkts.	Sweets	24 pkts.
Flour	19,257 lbs.	Tea	11 lbs.
Flour	105 pkts.	Tomatoes	700 tins
Fruit (fresh)	2,743 lbs.	Tomato puree	615 tins
Fruit	3,181 tins	Turkeys (whole)	11
Fruit juice	1,998 tins	Vegetables (fresh)	6,375 lbs.
Ham	42 lbs.	Vegetables	976 tins
Ham	103 tins	Vegetable juice	340 tins
Health drink	9 tins	Yams	8 tons 11 cwts. 52 lbs.

TABLE 14

SAMPLING - COMPLAINTS RECEIVED AND ACTION TAKEN, 1966

During the year 102 complaints were received from members of the general public in connection with food purchased in the Borough. The following summary shows the action taken after full investigation in each case:-

	NATURE OF COMPLAINT	ACTION TAKEN
1/66	Dried milk powder smelt bad	No action. Powder satisfactory
2/66	Mouldy loaf	Bread handling routine investigated at institution concerned
3/66	Packet soup contained beetles	Legal proceedings. Penalty £15 Costs £2
4/66	Cap in bottle of milk	Legal proceedings. Penalty £5 Costs £2
5/66	Alleged millipede in bread	No action. Complaint unfounded
6/66	Cap in bottle of milk	Legal proceedings. Penalty £5 Costs £2
7/66	Cap in bottle of milk	Legal proceedings. Penalty £5 Costs £2
8/66	Canned rhubarb defective lacquer	Contents satisfactory on analysis
9/66	Unsound corned beef	No action, complainant not willing to appear in legal proceedings
10/66	Alleged sour milk in vending machine	Samples taken immediately satisfactory
11/66	Alleged unsound corned beef	No action, complaint not justified
12/66	Rusty interior of corned beef	Referred to Ministry
13/66	Pork luncheon meat discoloured	Referred to manufacturers
14/66	Dirty milk bottle	Warning letter to bottlers
15/66	Mouldy steak and kidney pie	Legal proceedings. Penalty £25 Costs £5
16/66	Cap in bottle of milk	No action - insufficient evidence
17/66	Alleged slug in spaghetti Bolognese	No action, substance complained of was a piece of vein
18/66	Dairy cream cake alleged devoid of cream	No action, complaint unfounded
19/66	Wire in loaf of bread	Legal proceedings. Penalty £25 Costs £5
20/66	Tin in pancake	Minute trace of tin possibly caused by over-heating of pan
21/66	Cornish pasties alleged poor	No action, pasties satisfactory
22/66	Mouldy steak and kidney pie	Legal proceedings. Penalty £25 Costs £5
23/66	Metal washer alleged to have been in bun	Manufacturer informed of circumstances, insufficient evidence for further action
24/66	Blue colour in veal and ham pie	Non-injurious matter. Letter to manufacturers
25/66	Neck of lamb alleged poor quality	Meat sound but inferior. Salesman refunded money when requested
26/66	Complaint that steak pie contained kidney	Producers informed of circumstances
27/66	Dirty milk bottle	Bottlers informed
28/66	Dirty milk bottle	Bottlers informed
29/66	Can of cream unfit	Letter to producers
30/66	Foreign matter in sausage (Paper)	Legal proceedings. Penalty £10 Costs £10.10.0.
31/66	Foreign matter in bottle of milk	Legal proceedings. Penalty £10 Costs £10.10.0.
32/66	Meat pie alleged dried up	Pie not unfit, no action
33/66	Metal cap in bottle of milk	Legal proceedings. Penalty £10 Costs £10.10.0.
34/66	Metal cap in bottle of milk	Legal proceedings. Penalty £10 Costs £3

TABLE 14 (contd.)

	NATURE OF COMPLAINT	ACTION TAKEN
35/66	Stone in minced meat pie (Alleged)	Manufacturers informed of allegation
36/66	Discoloured corned beef	Meat satisfactory
37/66	Abnormal taste in cream	Chemically satisfactory but bacteriological count high, cream possibly not very fresh. No further action.
38/66	Alleged dirty milk bottle	No action, fault in glass
39/66	Cap in bottle of milk	No action, circumstances of complaint not entirely satisfactory.
40/66	Alleged unsound pork	No action, insufficient evidence
41/66	Alleged unsound pork	No action, insufficient evidence
42/66	Meat patties unusual taste	Excessive kidney taste, no further action
43/66	Canned prawns unfit	Rest of stock inspected, all satisfactory. Money refunded.
44/66	Pork luncheon meat unfit	Legal proceedings. Penalty £5 Costs £3
45/66	Canned Luncheon meat discoloured	Meat satisfactory, no action
46/66	Cooked chicken had unusual taste	Meat in satisfactory condition, no action
47/66	Mouldy sponge cake	Legal proceedings. Penalty £20 Costs £5
48/66	Maggots alleged to have been found in meat	No action, insufficient evidence
49/66	Onions alleged unfit	No action, onions sound
50/66	Butter alleged to have caused sickness	No action, butter sound
51/66	Bread contained glass	Legal proceedings. Penalty £5 Costs £5
52/66	Sirloin steak alleged to be other	No action, genuine cut
53/66	Stone in packet of frozen peas	Warning letter to packers
54/66	Loaf of bread stained	No action, insufficient evidence
55/66	Lemon Barley Water of poor condition	No action, barley water sound
56/66	Mouldy loaf of bread	Legal proceedings. Penalty £5 Costs £5
57/66	Glass in bottle of beer	Legal proceedings. Plea of guilty; defendant discharged absolutely
58/66	Metal rivet in fruit cake	Legal proceedings. Penalty £20 Costs £5
59/66	Orange drink alleged to cause sickness	No action, Public Analyst reported nothing abnormal
60/66	Foreign object (door key) in bottle of milk	Legal proceedings. Penalty £20 Costs £10.10.0.
61/66	Alleged insect in jar of baby food	No action. Object was darkened fruit
62/66	Mouldy Pastry	No action, complainant not willing to appear in legal proceedings
63/66	Mouldy apple dumplings	Legal proceedings. Penalty £10 Costs £3
64/66	Mouldy Slimcea loaf	Legal proceedings. Penalty £10 Costs £3
65/66	Unfit ham	Circumstances not satisfactory but retailer replaced ham
66/66	Foreign matter in milk	No action, insufficient evidence
67/66	Orange squash alleged to contain solvent	No action, Public Analyst reported satisfactory
68/66	Fly blown ham	Legal proceedings. Penalty £25 Costs £3
69/66	Sour white loaf	Bakery found to have B. Subtilis infection. Necessary cleansing work carried out.
70/66	Foreign matter (metal) in bread	Legal proceedings. Penalty £5 Costs £5
71/66	Mouldy loaf	Warning letter to retailer
72/66	Foreign matter (maggots) in Porridge Oats	Letter to manufacturers

TABLE 14 (contd.)

	NATURE OF COMPLAINT	ACTION TAKEN
73/66	Bottle of Lemonade smelt of paraffin	Warning letter to manufacturers
74/66	Beef croquettes alleged to be mouldy	No action, complaint not justified
75/66	Moth in packet of cake flour	No action, insufficient evidence
76/66	Piece of rubber in pie	No action, insufficient evidence
77/66	Mouldy steak and kidney pie	Legal proceedings. Penalty £5 Costs £5
78/66	Maggot in packet of raisins	Imported food. No action
79/66	Spider in bottle of cough Linctus	Legal proceedings. Penalty £10 Costs £5
80/66	Fly in loaf of bread	Legal proceedings. Penalty £10 Costs £5
81/66	Mouldy apple pie	No action, insufficient evidence
82/66	Rubber band in chicken & ham pie	Council kitchen, caution issued
83/66	Stewed lamb alleged to be maggots	No action, complaint not justified
84/66	Mouldy pork pie	Legal proceedings. Penalty £5 Costs £5
85/66	Foreign matter in Yoghourt	Grass seed, no action
86/66	Maggots in sweets	Legal proceedings. Penalty £5 Costs £5
87/66	Mouldy sausages	No action, insufficient evidence
88/66	Fish served at Canteen alleged unfit	No action, fish not unfit
89/66	Cream cake alleged to contain maggots	No action, facts not as alleged
90/66	Mouldy steak & kidney pie	Referred for legal proceedings
91/66	Cooked ham unfit	Referred for legal proceedings
92/66	Mouldy walnuts	Warning letter to retailer
93/66	Wire in rice pudding	Council kitchen, caution issued
94/66	Dirty milk bottle	Warning letter to bottlers
95/66	Mould spots in butter	No action. Complainant not willing to appear in legal proceedings
96/66	Goat liver suspected to be ox liver	No action, genuine goat liver
97/66	Unpalatable canned peas	Despite efforts of Public Analyst and Canners, cause of unpalatability not established.
98/66	Canned rhubarb - Inside can	Recommended shelf-life exceeded. Canners and retailers alerted
99/66	Beef sausage sour	Legal proceedings. Penalty £5 Costs £5
100/66	Foreign matter in jam tart	No action. Insufficient evidence
101/66	Foreign matter (glass) in loaf	Complainant not willing to appear in legal proceedings
102/66	Dark matter in bread	Consisted of hard dough, bakers informed. No further action

TABLE 15

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

(A) Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	74	623	411
Retail Shops	200	1,334	736
Wholesale shops, Warehouses	3	41	29
Catering establishments open to the public, canteens	41	300	75
Fuel storage depots	—	—	—
TOTALS:	318	2,298	1,251
TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT			2,528

In this Schedule —

"General inspection" means any inspection of premises to which the Act applies which is undertaken for the purpose of ascertaining whether all the relevant provisions of the Act and Instruments thereunder are complied with as respects those premises; and "Registered premises" means any premises in respect of which a notice under Section 49 of the Act has been received by a local authority or by the Greater London Council and the expression "Premises registered" shall be construed accordingly.

(B) Analysis of Contraventions

Section	Number of Contraventions Found	Section	Number of Contraventions Found
4	Cleanliness 79	13	Sitting facilities 7
5	Overcrowding 6	14	Seats (Sedentary Workers) 2
6	Temperature 14	15	Eating facilities —
7	Ventilation 15	16	Floors, passage & stairs 115
8	Lighting 13	17	Fencing exposed parts machinery —
9	Sanitary conveniences 195	18	Protection of young persons from dangerous machinery —
10	Washing facilities 181	19	Training of young persons working at dangerous machinery —
11	Supply of drinking water 6	23	Prohibition of heavy work —
12	Clothing accommodation 34	24	First aid General provisions 135
TOTAL:			802

(C) Exemptions

No. of applications received	Nil
No. of applications granted	
(i) Space	Nil
(ii) Temperature	Nil
(iii) San. Conv.	Nil
(iv) Running water	Nil

TABLE 15 (contd.)

(D) Prosecutions

Number instituted and completed during the year NIL

Section of Act or Title of Order or Regulation	Number of Persons or Companies Prosecuted	Number of Informations Laid	Number of Informations Leading to Conviction
	- N I L -		

Number of complaints (or summary applications made under Section 22) NIL

Number of interim orders granted NIL

(E) Reported Accidents

Workplace	Number reported		Total No. Investigated	Action Recommended			
	Fatal	Non Fatal		Prosecution	Formal warning	Informal advice	No action
Offices	-	12	5	-	-	3	9
Retail shops	-	34	14	-	2	1	31
Wholesale shops	-	7	3	-	-	2	6
Warehouses	-	5	1	-	-	-	4
Catering establishments open to public, canteens	-	-	-	-	-	-	-
Fuel storage depots	-	-	-	-	-	-	-
TOTALS:	-	58	23	-	2	6	50

(F) Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale warehouses	Catering establishments open to public, canteens	Fuel storage depots
Machinery	1	1	1	-	-
Transport	1	1	-	-	-
Falls of persons	7	14	2	3	-
Stepping on/or striking against object or person	1	2	1	-	-
Handling goods	-	3	1	-	-
Struck by falling object	-	2	1	-	-
Fires and explosions	-	-	-	1	-
Electricity	-	-	-	-	-
Use of hand tools	1	10	1	-	-
Not otherwise specified	1	1	-	1	-

TABLE 16

WEST LONDON HOSPITAL V.D. CLINIC -
NUMBER OF NEW CASES IN 1966

Name of Local Health Authority (See note below)		NUMBER OF NEW CASES IN YEAR			
		Totals	Syphilis (Item 1)	Gonorrhoea (Item 5)	Other Conditions (Item 9)
"LUKE" MALE	G.L.C.	4,522	129	1,207	3,186
	Surrey	42	1	13	28
	Others	81	1	6	74
		4,645	131	1,226	3,288
"MARTHA" FEMALE	G.L.C.	2,045	31	391	1,623
	Surrey	79	—	6	73
	Others	24	—	3	21
		2,148	31	400	1,717
COMBINED MALE & FEMALE	G.L.C.	6,567	160	1,598	4,809
	Surrey	121	1	19	101
	Others	105	1	9	95
Totals (To agree with Items 1, 5 and 9)		6,793	162	1,626	5,005

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